





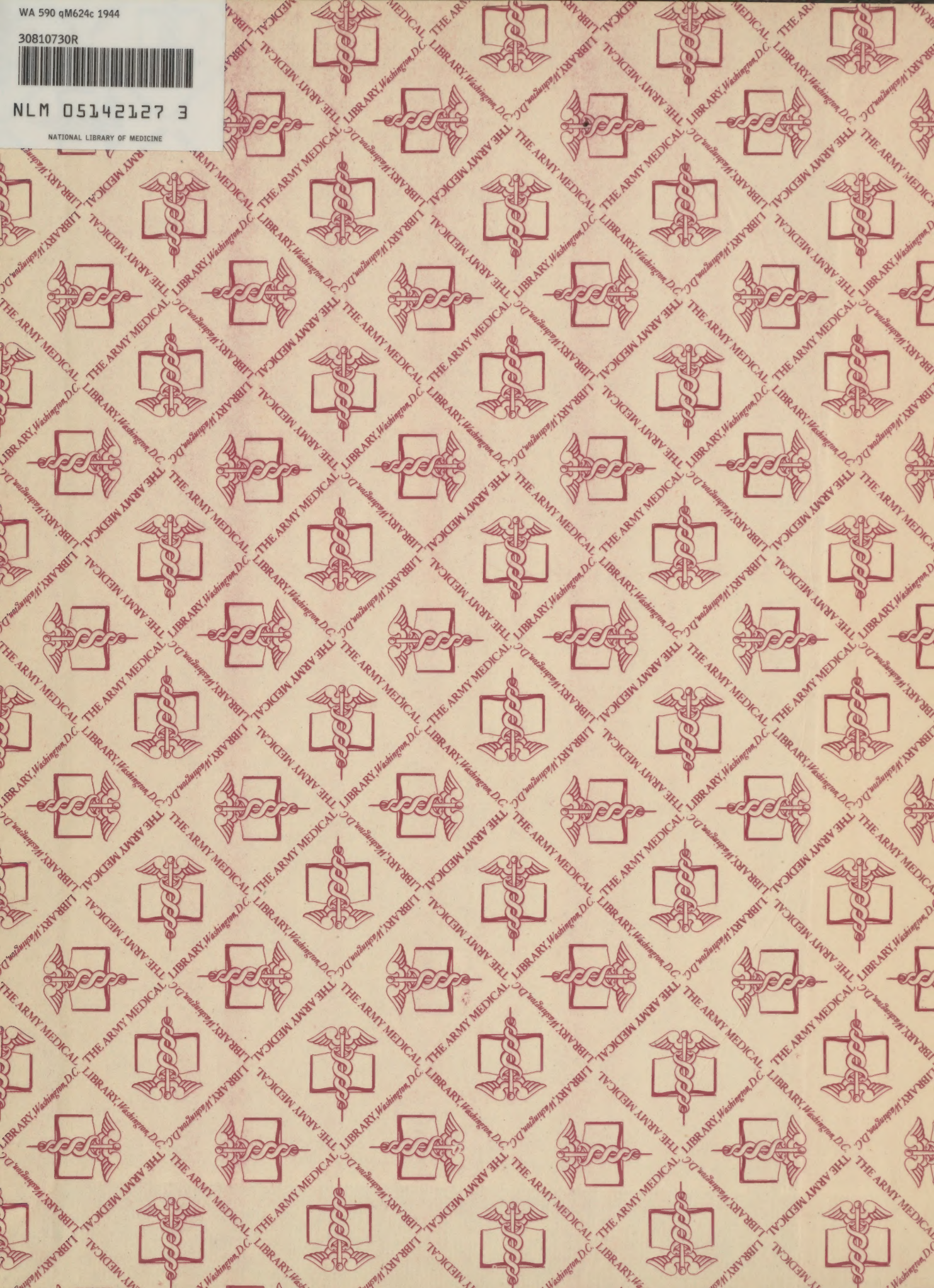
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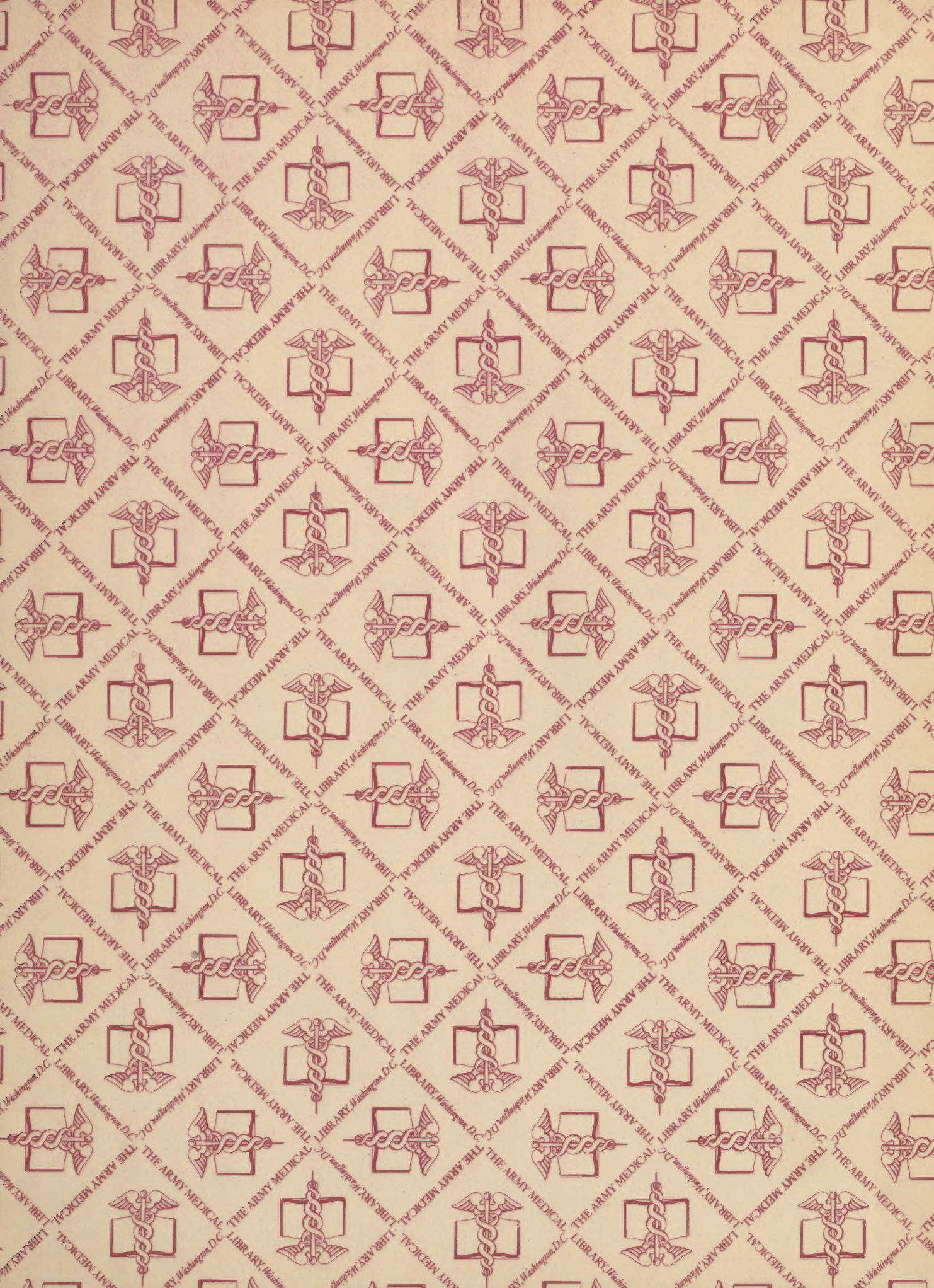


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COMMUNITY HEALTH SERVICE PROJECT

A Project of the  
MICHIGAN STATE BOARD OF EDUCATION  
in cooperation with  
The State Department of Public Instruction  
and  
The State Department of Health

Bulletin 3051-R  
Second Revision  
August 1944



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## INTRODUCTION

The Community Health Service Project aims to improve the health practices of the individual, the family, and the community through utilizing the resources of the schools and health agencies in the community. The war emergency has emphasized the need for the preparation of high school students to assume greater responsibilities related to protective and educational health measures. At this time, especially, epidemics must be recognized as a potential threat and preventive measures formulated for dealing with them. We cannot expect hospitals and other health agencies with their decreased personnels to absorb many more additional responsibilities brought on by war conditions without greater assistance from citizens in the community. The preparation of high school students, therefore, to assist in improving and maintaining their health, that of their family and community, becomes an important war related activity as well as a functional educational experience.

This second revision of the Outline for the Community Health Service Project is an outgrowth of the experimentations carried on in 26 Michigan high schools during the second semester of 1942-43 and in 150 schools during 1943-44.

Acknowledgment for the context of the Outline is made to Genevieve R. Soller and Miriam Kangas Zeigler, who prepared the first edition; to Frances M. Lister and Cecil M. Wolf, who contributed liberally to the revised edition; and to Helen Dempster, Helen Hartman, Helen Hurn, Mabel Rugen, Genevieve Soller and Lena Schermann, staff for the Community Health Service Project during 1943-44, who suggested further modifications for this second revision.

Special acknowledgment is made to the administrators, teachers, and health agency personnel of the participating schools and health agencies for their contributions at each stage in the development of this Outline.

*Eugene B. Elliott*

Eugene B. Elliott  
Superintendent of Public Instruction

August 1944.







1. What the Community Health Service Project is. It is a health education program sponsored by the Michigan State Board of Education and made possible through a grant from the W. K. Kellogg Foundation. It functions under the guidance of a Directing Committee selected from the Department of Public Instruction, the Department of Health, and the State Board of Control for Vocational Education.

During the second semester of 1942-43 and the first semester of 1943-44 the Project stressed direct health instruction as a separate course and was offered on this basis to about 2,000 senior high school girls in 59 different schools. The fact that more than 200 schools in 64 counties asked for assistance in developing such a course during the 1943-44 school year, with about 150 schools, representing 59 counties, actually participating, is evidence of the acceptance of the Project. About one-third of these schools incorporated aspects of the Project into already existing courses like homemaking, hygiene, science, or social studies, while the others had separate courses.

Class groups consist of from 10 to 35 students, so far mostly 11th and 12th grade girls. Some schools are planning in 1944-45 to include lower grades and boys in the program also. Suggested content includes a study of local health agencies; community and school health problems; personal health status, including the health examination; family health, including maternal, infant health, and the care of the child from one to six; nursing and first aid skills essential to the home care of the sick and injured, and the health professions of nursing, nutrition, laboratory work, medicine and dentistry.

2. Who the Teachers are.\* A regular teacher in the school, preferably one who is community minded, interested in learning new things, and has some health science background, is selected by the superintendent to assume major responsibility for conducting the Project. This may be the homemaking, physical education, science, social studies teacher or guidance counsellor. He draws upon the resources of the school and community to enrich the instruction. A local graduate nurse, and if possible a qualified public health nurse have assisted in planning the activities. They usually contribute to each of the six units and supervise practice involving the use of nursing and related skills. Compensation by the Board of Education for the nurse generally has been computed on an hourly basis according to the rates prevailing in the community. If the nurse is already employed by the board of education, health agency or hospital it may not be necessary to supplement her salary, unless her work for the Community Health Service Project is done outside of her regular hours of employment. The number of hours she has been needed has varied from 25 to 75, depending on the emphasis of the Project. The director of your local health department will help you find a nurse.

3. Planning the Project. The Project has been planned by the local superintendent of schools, the high school principal, teacher of the class and other teachers, the local nurse, representatives from the local health department and other health agencies, the hospital administrator, sometimes parents and students, and representatives from other community agencies who meet together to develop a plan to meet the needs of their community. This group does the overall planning required for the definition and selection of practical experiences to accompany the regular classroom instruction. Continuous planning is carried on by those

\* See pages 5 and 8 for Suggestions to the Teacher and the Nurse.

1 Reference for Group Planning will be found in the Bibliography







more intimately associated with the instructional process, viz. teachers, nurse, students.

4. Time Required and Credit Granted. If the Project is a separate course it may be one semester or a full year in length. It may meet for one or two periods each day, depending on the length of the periods, with additional time for practical experiences in the school or community.

If the Project is incorporated into the already existing health program or course, it may be planned in terms of enrichment activities or two, three, four or six week units depending on the nature of the other content in the course. It is then credited accordingly, e. g., as science, social studies, homemaking, etc. Up to this time the Project has been organized most frequently as an elective course with one-half to one credit given according to local policies.

5. Practical Experiences Students Have had and Services They Have Given. Practical experiences including laboratory, demonstration, practice of skills, field trips, and directed observation, relating to each of the six units are suggested in this Outline. These are selected by the local planning committee and arranged for by the teacher and nurse cooperatively with the various community agencies able and willing to assist in the program. Students have helped local health departments with inoculation campaigns, the examination of food handlers; investigation of sanitary conditions in restaurants, bathing beaches, trailer camps; in office tasks such as equipping nurse's bags, filing records and arranging cupboards. Hospitals have been aided in such tasks as bed making, setting up trays, serving and feeding patients, making dressings, folding linens, and helping with morning and evening care. Voluntary health agencies have been assisted similarly. Nurseries and kindergartens have been helped with child care. The school health program has profited by greater student participation in sanitary and light surveys, health screening of young children; and health appraisal programs, like tuberculin testing and x-ray, for the entire high school. Parents also have received help for infant and child care in the home. Private physicians and dentists have used the services of the students. All of this practical experience is carried on under supervision, students are prepared in advance for it, and interpretation of the experiences give greater meaning to health instruction. It is suggested that as much time be given to practical experiences as to other classroom experiences.
6. How Local Community Agencies Have Helped. Local health and social agencies, civic groups and parent organizations help in making this Project functional by contributing to the planning committee, by providing opportunities for practical experiences, by assisting in the preparation of the students to participate in these experiences and to understand their social significance, and by acting as educational resources to the school. To define their role in the Project it might be well for each group to answer the question, "What can we do to help high school students understand better the importance of personal, family, and community health and the part this group plays?"
7. Material and Equipment Recommended. Textbooks; classroom and special equipment.

a. No single text book is recommended for student use. This Outline may be considered a guide for teachers and nurse cooperating in the Project.





A number of references are suggested in this Outline with each unit.

A comprehensive bibliography appears in the appendix. It is suggested however, that several of the basic texts referred to most frequently be available for student use. The collection of inexpensive source material to aid in studying selected health problems of interest to the class could become a student activity.

- b. The classroom selected should consider: size, allowing space for student practice of one or more activities at the same time; storage space, and accessibility of running water.
- c. Equipment for teaching Units III and V may be assembled by borrowing, donation, or purchasing essential items:

1 bed and mattress (twin size)	1 single blanket
1 mattress cover	1 - 2 bath blankets
1 mattress pad	4 bath towels
2 pillows	4 face towels
6 sheets	4 wash cloths
4 pillow cases	1 bed table
1 bed spread	1 work table
1 washable infant sized doll	1 wash basin (large)
1 complete layette	1 bed pan
1 nursing bottle and nipple	1 soap dish
1 bottle rubbing alcohol	1 pitcher
4 clinical thermometers	tray and dishes for serving meals
1 roll absorbent cotton	





## GENERAL OBJECTIVES

The general objectives for the Community Health Service Project have been broadened somewhat since the Project was initiated. They may be stated as follows:

1. To help secondary schools improve their health instructional programs by finding ways of incorporating more content into the program and by providing for students more functional experiences in personal, family, and community health. Through such efforts:
  - a. To help students develop breadth of vision for and an awareness of their responsibility for an extended community health program which will contribute to the improvement of the health and the living conditions of the people.
  - b. To help students develop understanding and a knowledge of positive health, and to build health practices which will function in safeguarding the health of the individual, the family, and the community.
  - c. To help students develop an appreciation of and competence in procedures and skills for dealing with illnesses and emergencies in the home and the community.
  - d. To help students become aware of the vocational opportunities in various health professions.
2. To help teachers and administrators improve their understanding and skill in working together with community groups able to contribute to the school health program.
3. To make available to schools materials and consultant service designed to assist in the improvement of all aspects of school health education.

Note: It is suggested that individual schools participating in the Project use these objectives as a guide in stating their objectives, considering at the same time ways of evaluating the extent to which they will have been able to achieve their objectives a year or so hence.





SUGGESTIONS FOR TEACHER PLANNING <sup>1</sup>

1. This Outline for Project is Teacher's Guide. The material included in this Outline should be developed to suit the needs of your group. Use your own initiative in making each unit practical. This is an opportunity to make education functional. Feel free to use parts of units, all or some of the units, in the order in which they will be most useful to you. Do not feel that you must adhere to the order given.
2. Plan with Your Students. Much of the information may be new, and both you and class may find it necessary to learn as the work progresses. Through planning with your students a variety of activities and research, creative and experimental, may be undertaken. Groups within your class may be investigating different problems at the same time and reporting their findings to the class as a whole. Plan to have the major portion of your class work in the form of activity.
3. Know your Students. Get acquainted with the individual student. Use school records, information from other teachers, data from medical and dental examinations of each student, and day by day experiences to enable you to be helpful advisor to the students. Be sensitive to the factors involved in the emotional adjustment of each student to the experiences he may have. Mental health and physical health are closely interrelated. Favorable guidance situations will occur frequently.
4. Plan with a Local Nurse. Secure the help of a local nurse (your Health Department can assist you in finding a nurse). Together you may plan many of the activities of the Project. The nurse consultant may act as a resource person and teach the unit When Illness Comes, for which she is especially prepared. She may contribute to other units also.<sup>2</sup>
5. Plan with community groups and agencies which may provide opportunities for practical experiences for students. Find representatives of these groups who will help you. Groups may include: health agencies, such as county or district health departments, school health services, clinics, hospitals, physicians, dentists, visiting nurses; or social agencies like day nurseries or day camps; or civic service, or parent groups. Call on them for expert advice and help in planning how high school students can assist in solving community and family problems of health and child welfare. Plan for use of these experiences and personnel well in advance. Make definite appointments and arrangements and remind the person in charge a few days or a week in advance of the time agreed upon. Is the class to visit the agency? Will you have a guest speaker from the agency? Will one or more class members have the opportunity to make a field visit with an agency worker? Will one or more students have an opportunity to assist the agency? how and when? Students may assist you in the planning.

1. Read the Basic Information - Suggestions for Administrative Planning on page 2.
2. Read Suggestions for Nurse Cooperating in the Project on page 8.





6. Arrange for a Planning Conference when you begin the Project. Individuals that might be included in this conference are: you, your local nurse, school administrator, other teachers, a representative from the class, a parent, one or more representatives from the health department, a local physician and dentist, the superintendent of the hospital, and any other agency personnel whose expert advice will be of assistance in planning. Ask these individuals to come to the meeting prepared to state ways in which they or their agency may contribute educational experiences for students, and to suggest ways in which the students may be of service to them. Incorporate the suggestions of this planning committee into a tentative plan for each of the units. Plan to meet occasionally throughout the semester or year. Plan for an evaluation conference at the end of the Project.
  
7. Plan well in advance for the use of Instructional and Visual Aids. (See appendix of this Outline). Remember that books, magazines, pamphlets may be assembled from school, local and State libraries. Current literature may be available through the local health department. Film lists may be obtained from the State Health Department at Lansing.<sup>1</sup> A complete bibliography arranged by units appears at the end of this Outline.
  
8. Plan to utilize other teachers in your school as resource people. Teachers of science, hygiene, social studies, homemaking, physical education, as well as guidance counsellors have definite contributions to make to your instructional plan. Likewise teachers of kindergarten and early elementary grade children; the principals of elementary and secondary schools in your community can help plan ways in which students may contribute to the total school health program as through improving building sanitation, assisting with health appraisals, supervising lunch periods, helping with playground activities, etc.
  
9. Use of the Problem-Solving Approach Recommended. The procedure followed in the development of the Units included in this Outline assumes that problem solving techniques will be most effective in achieving the objectives desired. The problem solving approach involves: \*
  - a. Statement of the problem
  - b. Finding the facts
  - c. Weighing the facts
  - d. Drawing conclusions
  - e. Preparing and applying solutions to the problems
  - f. Evaluation as the Unit progresses as well as the total outcomes.
  
10. Study each Unit before teaching it yourself. Investigate materials to help you. A complete bibliography appears near the end of this Outline. Familiarize yourself with the context of this Outline before planning your sequence of Units. Teachers have begun most frequently with Units I or II, depending on their feeling of competency in handling the material.

1. See list in appendix of this Outline also.





References

\*Bulletin 326 - The Problem Solving Approach in Health Teaching

H. H. Girls - Teacher-Pupil Planning

Michigan study of the Secondary Curriculum - Youth Learns to Assume Responsibility.





1. General Functions of Nurse.<sup>2</sup> Health Education is the function of the home, the school and the community. The Community Health Service Project is an organized effort to make health education a living experience for high school students. The success of the Project depends upon cooperative planning. You have a part in planning the Project. As a resource person you will be able to offer the most assistance in the areas which are related to your profession.
2. Specific Functions of Nurse. The nurse can assist the teacher in at least three different ways.
  - a. By helping her to locate, contact, and utilize community resources for the enrichment of the Community Health Service Project.
  - b. By teaching certain lessons in each of the six units (see suggestions below), and directing some of the observations and field visits.
  - c. By helping to plan the total Project as a member of the large planning committee and in planning each unit.
3. The nurse may be helpful in coordinating field experiences with those in the classroom. In this Outline visits and service to hospitals, clinics, and other health agencies in your community are suggested. The nurse has a special contribution in helping to prepare the students for these experiences, in interpreting what they see and do, and in following up the experiences with classroom discussion. Likewise in making a survey of community agencies, resources and health problems, the nurse (especially the public health nurse) has a unique contribution to make.
4. Budgeting the Nurse's Time. Suggested activities related to planning, and teaching with minimal time requirements for nurse are as follows: <sup>3</sup>
  - a. Preliminary planning conference with school, and community agency personnel, to plan total Project and possible activities of students (before Project begins, or very early in Project)..... 2 hrs.
  - b. Basic planning with teacher for each of the six Community Health Service Units of study..... 3 - 6 hrs.  
Note: The public health nurse should participate in planning.
  - c. Classroom teaching and supervision of student experiences.

Unit I - Analysis of Local Health Agencies..... 1 hr.

  - (1) Assist in presenting overview of course.
  - (2)\*Provide teacher with list of agencies, their location, and assist students in making plans to contact them.

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1. References on group planning will be found in the Bibliography.
  2. It would be helpful to read Basic Information - Suggestions for Administrative Planning, page 2 and Suggestions for Teacher Planning, page 5, before and again after reading this section.
  3. Recommended by a committee of nurses representing various State and local health and nursing agencies and groups.
- \* Items starred refer to material appropriate for presentation by public health nurse.





Unit II - Analysis of Individual Health Status..... 3 hrs.

- (1) Arrange to accompany class (if possible) on visit to hospital, physician's office for demonstration, and interpretation of diagnostic aids.
- (2)\*Assist class with personal health appraisals (demonstrate screening tests, plan for medical and dental examination, coordinate with any school plans for tests, inoculations, x-ray, etc.) Plan for utilization of cumulative record.

Unit III - Family Health.....6 hrs.

- (1)\*Discussion of community facilities and functions for maternal and child care.
- (2)\*Demonstration of baby bath.
- (3) How Life Begins.
- (4) Prenatal Care.
- (5) Infant Care.
- (6) Child Care, Development and Training.

Unit IV - Health Agencies.....1 hr.†

- (1)\*Interpretation of the function and program of the public health nurse.
- (2) The amount of time given by the nurse to this unit depends on the number and variety of other resource persons and agencies available in the community to assist the classroom teacher with the specialized material in this unit.

Unit V - When Illness Comes.....6 hrs.††

- (1) Selection, preparation, and care of the sick room.
- (2) Bed making.
- (3) Daily care and comfort of the patient.
- (4) Bed bath.
- (5) Temperature, pulse, respiration.
- (6) Diet and medications.
- (7)\*Home care of the communicable disease patient. (May be combined with daily care and comfort of the patient.)
- (8) This unit may be amplified according to the needs of the group, and the nurse's time available. Diet in relation to deficiency diseases may be included in Unit II or Unit III. First Aid instruction may be simplified or amplified and prevention of accidents stressed as part of Safety Education in Unit III. If there are boys in the class you may wish to adapt the materials in terms of the experience of the Army Corpsman and the Navy Pharmacist Mate.

Unit VI - Health Professions..... 1 hr.

- (1) Nursing as a profession

d. Total minimum nurse time 23 to 26 hours. Of this the minimum public health nurse's time is from 11 to 15 hours.

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\*Items starred refer to material appropriate for presentation by the public health nurse.





- e. It is suggested that the total nurse time be spaced approximately as follows: 1 hour a week for a semester (18-20 hrs.) plus additional time for planning committee meetings.
  - f. The teacher may supervise practice sessions following the nurse's demonstrations of nursing procedures (Units III and V.)
  - g. The teacher or the nurse should accompany the class on observation visits to community agencies, prepare them for the experience, and relate same to class room materials. Likewise the nurse should make provision for the supervision of service given by students which involves the use of nursing skills in clinics or hospitals.
5. Evaluation. The nurse may assist in the evaluation of the success of the Project. This may be done through the planning committee. The nurse can determine the extent to which students have contributed worthwhile service to hospitals, clinics and health agencies; and the extent to which they have acquired skills and understandings relating to the materials they have taught.





## Unit I.

## Analysis of Local Health Agencies

Content  
of unit

- I. How a survey is made
- II. Making a survey of the community
- III. Listing needs of the community as found by the study
- IV. Recommendations as to how to meet these needs (See Unit IV.)

Note to  
Teacher

In order to have a complete learning experience for an individual, it must end by "doing something about it."

An overview of (1) local community health agencies and their problems, and (2) personal health needs of the individual is necessary before we can intelligently study and solve the problems.

The first two units have as their purpose the accumulation of facts upon which the following units in the bulletin will base their study.

Statement  
of problem

Now you have an opportunity to study your own community to learn the agencies now active in the community and how they function. Through them you will learn the local health needs.

Subject  
matter

- I. How a survey is made
- II. Making a survey of your own community.

Suggested form for your survey

- A. How many registered physicians are available to serve your community? Dentists? Nurses? Sanitarrians?

Note to teacher: In 1931, in the U.S. there was one registered physician for 1,602 persons in communities under a thousand in population, and one to 530 in communities of 100,000.

- B. What is the ratio of each to the population of your community?
- C. How many hospitals are there in your community?
  1. What are their bed capacities?
  2. Do they care for communicable disease patients?
  3. Are they equipped to meet such emergencies as cyclones, fires, tornadoes, explosions, etc.?
  4. What other arrangements could be made or have been made to meet such emergencies?





D. What health agencies are available to serve your community?

1. Health department
2. Public health nursing agency
3. Visiting nurse agency
4. American Red Cross
5. Tuberculosis clinics
6. Immunization clinics
7. Well baby clinics
8. Children's clinics
9. Dental clinics
10. Mental hygiene clinics
11. Others

E. Are these agencies official or non-official?

Note to teacher: Official agencies are those supported by public funds. Non-official agencies are those supported by contributions, subscriptions, etc.

F. What facilities are available in your school for promoting better health among students, such as medical, dental, and nursing care?

1. Do you have a school physician? Full time? Part time?
2. Do you have a school nurse? Full time? Part time?
3. Do you have a school dentist? Full time? Part time?
4. Do you have other health specialists?
5. What kind of health records are kept? Are they cumulative?  
How are they used?
6. Does your school provide complete health examinations? Partial?  
How frequently are they given? When did you have your last one?

G. What are the major health problems in your community and in your school?

1. Are there any problems of sanitation or cleanliness?
2. Are there any safety problems?
3. Are there problems of communicable disease?
4. What is the nutritional status of the community? The school?
5. Are there problems of community recreation? Supervision of play for school children?
6. Does the community recognize its health problems?
7. How can we use the health agencies and facilities in our community and school to help us learn what the health problems are?

III. List the health needs of your school and community as found by this study. It is a good idea to have your list checked by representatives of local health agencies and the school administration or school health service to be sure you have based your needs on facts.

IV. Make recommendations on how to meet these needs. Determine what you as an individual citizen and as a member of a school group can do to help.

Note to teacher: This unit may be studied with or followed by Unit IV.

What people are doing in the world is not what it should be.

- 1. The first thing I noticed when I stepped out of the plane was the cold air.
- 2. The second thing I noticed was the silence.
- 3. The third thing I noticed was the darkness.
- 4. The fourth thing I noticed was the cold.
- 5. The fifth thing I noticed was the silence.
- 6. The sixth thing I noticed was the darkness.
- 7. The seventh thing I noticed was the cold.
- 8. The eighth thing I noticed was the silence.
- 9. The ninth thing I noticed was the darkness.
- 10. The tenth thing I noticed was the cold.

It was a strange feeling, a mix of emotions that I had never experienced before. I was alone in a vast, dark space, and I was not sure what was going to happen next.

I had been told that the journey would be difficult, but I had not realized how difficult it would be. I was alone, and I was not sure if I was going to survive.

- 1. Do you know what I noticed when I stepped out of the plane?
- 2. Do you know what I noticed when I stepped out of the plane?
- 3. Do you know what I noticed when I stepped out of the plane?
- 4. Do you know what I noticed when I stepped out of the plane?
- 5. Do you know what I noticed when I stepped out of the plane?
- 6. Do you know what I noticed when I stepped out of the plane?
- 7. Do you know what I noticed when I stepped out of the plane?
- 8. Do you know what I noticed when I stepped out of the plane?
- 9. Do you know what I noticed when I stepped out of the plane?
- 10. Do you know what I noticed when I stepped out of the plane?

I was alone, and I was not sure if I was going to survive. I was alone, and I was not sure if I was going to survive.

- 1. I was alone, and I was not sure if I was going to survive.
- 2. I was alone, and I was not sure if I was going to survive.
- 3. I was alone, and I was not sure if I was going to survive.
- 4. I was alone, and I was not sure if I was going to survive.
- 5. I was alone, and I was not sure if I was going to survive.
- 6. I was alone, and I was not sure if I was going to survive.
- 7. I was alone, and I was not sure if I was going to survive.
- 8. I was alone, and I was not sure if I was going to survive.
- 9. I was alone, and I was not sure if I was going to survive.
- 10. I was alone, and I was not sure if I was going to survive.

I was alone, and I was not sure if I was going to survive. I was alone, and I was not sure if I was going to survive. I was alone, and I was not sure if I was going to survive.

I was alone, and I was not sure if I was going to survive. I was alone, and I was not sure if I was going to survive. I was alone, and I was not sure if I was going to survive.



<u>Topic</u>	<u>Agency Assistance</u>
<u>Suggested ways in which community agencies can assist</u> 1. Survey of community agencies and their functions; needs. Study of health problems. 2. Students discuss possible class activities with school and community agencies. (Class visit, guest speaker, field visit with worker, assistance to agency.)	Public health nurse may provide teacher with list of agencies, their location, and assist students in making plans to contact them.  Health department is host when class visit is made. They may suggest ways in which individual students may assist them, help them discover major health problems in community, provide up-to-date literature, film lists, specialists available from state health department.

### References<sup>1</sup>

\*Federal Security Agency, U. S. Office of Education, Know Your Community, Leaflet No. 57. Rogers, J. F. A Self-Survey of Health Conditions in Schools.

Twentieth Year Book. Health in Schools. American Association of School Administrators.

Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. Health Education.

Report of the Committee on the Function of Science of General Education. Science in General Education. Commission on Secondary School Curriculum.

Colcord, Joanna, Surveying your Community - revised edition.

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\*References starred probably will be found most useful.

<sup>1</sup> See Bibliography for complete reference and additional references. This bibliography is arranged by units.





## Unit II

## Analysis of Individual Health Status

Content  
of unit

- I. Analysis of individual health status
  - A. Who can make a health appraisal?
    - 1. Student--preliminary
    - 2. Registered physician and dentist--final
  - B. Activities
    - 1. Make preliminary health appraisal
- II. Summarization of personal health problems evidenced by study
- III. Learning about diagnostic aids used by physicians and dentists in medical examinations.
- IV. Arrange for medical and dental examinations for students.
  - Sub-unit A. Common physical conditions and defects.
    - 1. Skin
    - 2. Eyes, vision and light
    - 3. Ears and hearing
    - 4. Nose and throat
    - 5. Mouth and teeth
    - 6. Health practices

Note to  
teacher

Periodic health appraisals are valuable to students because they detect little "health leaks" which if allowed to continue will become big ones. Some defects such as diseased tonsils and teeth have cumulative effects and unless corrected may lead to confining illness, permanent disability, or may go so far as to shorten life span. The old adage that "Prevention is better than cure" is a good health slogan because many diseases can be cured only when discovered in the early stages.

"The personal health appraisal" refers to the continuous evaluation of the physical, social and emotional behavior, the habits of living, and the physical status of the individual...The effectiveness of the health appraisal is dependent upon the preparation and understanding of those who have a part in it. Teacher and parents have the advantage of observing the child every day and may note significant changes which would not be evident to a physician who may have had little intimate knowledge of the child.



"The effectiveness of the teacher in guiding learning will be greatly increased by good health appraisal of all pupils. The teacher will always be more aware of the child and all that has a part in his personality. He will know the child's ability as well as his limitations."<sup>1</sup>

Preliminary health appraisals can be made by the students. Final health appraisals should be made by the doctors and dentists.

Desirable Qualifications for medical doctors: (1) Graduation from a class A medical school (diploma usually displayed) (2) Internship in a good hospital (3) License to practice in the state of Michigan after satisfactorily passing the theoretical and practical examinations (4) Membership in the County, State and American Medical Societies (5) Ethical in all matters--does not ask payment in advance of treatment, does not claim secret or unusual cures, and does not reveal confidences of his patients.

After or during the time students are making their own health appraisals questions may arise that will warrant extended study. The anticipation of such studies gives the purpose for enclosing sub-units. They correspond with the grouping of questions in the student health appraisal form and the physician's form and should be used when questions arise such as:

Why do I have blackheads?

What is the matter with my eyes if I see things blurred?

It may be necessary to go into the study of anatomy and physiology to answer some of these questions. The students should always be directed to authoritative materials for their answers. Enlist the assistance of the nurse and others to help.

Statement  
of prob-  
lem

A community is made up of individuals and is as healthful as its individual members. You have surveyed your community to find its health problems. Before you are "ready to do something about" any community problems, you and your family physician and dentist should survey your own health condition to see if you are physically, mentally and emotionally fit.

Subject  
matter

I. Analysis of individual health status

A. Who can make a health appraisal?

<sup>1</sup> The Health Service in the Schools. Bulletin No. 321. Department of Public Instruction, Lansing. 1941.





Suggested  
Activities

I. Have the students make their own health appraisal

Suggested form for health appraisal. (This form may be duplicated for students' use)

A. General condition

Do I feel in tip top condition most of the time?  
Half the time?  
Do I have any pains or unusual symptoms?  
Is my appetite good? Fair? Poor?

B. Growth

Have I shown reasonable increase in height and weight or maintained them according to my body build and activity?

C. Skin

Is my skin clear?  
Do I have blackheads, blisters, pimples, sores?  
Is my skin pale, red or bluish?

D. Vision

Do I blink excessively, frown or scowl?  
Do I have headaches?  
Do things blur?  
Do I hold my book too close to my eyes?  
Do my eyes water, get red, get bloodshot?  
Do I have styes or crusted lids?  
Do I see as well as others on the Snellen Chart?  
Do I need further eye examination?  
Do I know to whom I should go for this type of examination?

Note to teacher: An oculist or ophthalmologist is a medical doctor with special training in examination, treatment and care of the eyes and is allowed by law to use medicine in the eyes for examination purposes. This medicine is essential to accurate examination and is especially important in determining the kind of glasses required.

An optometrist is not a medical doctor and cannot by law use medicine; he fits glasses by mechanical methods.

An optician grinds the lens and fits the frames according to the prescription of the oculist.





## E. Hearing

- Do I have a discharging ear?
- Do I have an earache?
- Do I have to turn my head to hear better?
- Do I hear certain voices better than others?
- Do I have to ask persons to repeat?
- Do I need further hearing tests?
- Do I know where to get my hearing tested?

## F. Teeth

- Do I have toothache?
- Do I have missing teeth? How many?
- Do I have obvious cavities?
- Do I have stains on my teeth?
- Do I have bleeding, receding gums or gumboils?
- Do I have irregular teeth?
- Do I have offensive breath?
- Do I use sweets excessively?
- Do I visit a dentist regularly?
- Do I need to have a dental checkup now?

## G. Nose and throat

- Do I have chronic nasal discharge?
- Do I have chronic or frequent colds?
- Do I breathe through my mouth when sitting quietly?
- Do I have frequent sore throats, tonsillitis, or swollen glands?

## H. Posture and feet

- Do I stand and sit erect?
- Do I hold my head up, backbone straight, and my stomach in?
- Do I slouch and handicap my breathing and digestive organs?
- Do I toe out when I walk?
- Do I have cracks between my toes?
- Do I have corns or callouses or warts on the soles of my feet?

## I. Elimination

- Do I have at least one bowel movement every day?

## J. Communicable disease history

- Am I protected against smallpox?
- When did I have my last vaccination?
- Am I protected against diphtheria?
- Have I had a tuberculin test?
- Have I had a chest x-ray?
- Have I ever been exposed to tuberculosis?



## K. Social relationships

- Do I get along well with people?
- Do I feel inferior or self conscious?
- Do I feel that I "belong"?
- Do I make friends easily?
- Do I keep friendships?
- Do I depend on others?
- Do I day-dream a lot?
- Do I get discouraged or depressed easily?
- Do I tend to be sarcastic?
- Do I resent criticism?
- Do I have fear of failure?
- Do I tend to be boastful?
- Do I find it difficult to control my temper?
- Am I conscious of how my actions affect other people?
- Are my feelings easily hurt?

## II. Have students summarize their personal health problems as evidenced by this study.

Note to teacher: Some of the desired outcomes of the pupil health appraisal are the following:

- a. A learning experience for the pupil
- b. A better understanding of the pupil by the parent and teacher as a result of more knowledge about his growth, behavior and physical condition.
- c. A better appreciation by pupil, parent and teacher of the value of health examinations by the family physician and dentist.
- d. A realization by pupil and parents of the importance of correction of physical problems and mental maladjustments.
- e. A realization of health problems that need attention and the development of a plan to solve them.
- f. Better coordination of the contributions of the teacher and parent to the growth of the school child and an increased confidence of each in the other.

## III. Have students see and learn about diagnostic aids used by physicians and dentists.

Note to teacher: The greatest value derived from the experience of a physical examination by the physician will come if the student is well informed as to what a good physical examination includes. The following facts will be of help.

### Diagnostic aids used by physicians and dentists

#### a. Stethoscope

- 1. Used in examination of lungs (refer to pamphlet on stethoscope and its use from Michigan Tuberculosis Association, Lansing)





2. Used in examination of heart
3. Used in hearing pulse in taking blood pressure

b. X-ray

1. Used as further diagnostic aid in examination of lungs
2. Used in the detection of fractures and bone defects
3. Used in examination of teeth and jaws

c. Electrocardiogram

1. Used when indicated in the examination of the heart.

d. Sphygmomanometer

1. Used to determine blood pressure

e. Otoscope

1. Used in the examination of the ear

f. Ophthalmoscope

1. Used in examination of the retina of the eye

g. Microscope

1. An instrument used to magnify and make visible minute organisms

h. Laboratory tests

1. Hemoglobin - used in the detection of anemia
2. Blood count - used in counting the number and in getting the proportion of white and red corpuscles in a carefully measured sample of blood from the person.
3. Kahn and Wasserman - used in all complete health examinations to detect syphilis
4. Urinalysis - used to detect presence of any infection or kidney disease or damage, also diabetes

i. Schick tests

1. Schick - determines immunity to diphtheria
2. Tuberculin test - determines sensitivity to tuberculosis germs and reveals past or present tuberculosis infections
3. Sensitivity tests - determines allergies to foods, pollens, etc.





IV. Have the students arrange to have their medical examinations by their family physicians and dentists. Two different forms are suggested. These will be found on the next two pages and may be duplicated for your use. Additional forms available from the State Department of Health will be found in the Appendix. Discuss these forms with your principal and representatives from your local health department. Then use the form that best meets your needs. Students should fill in the health history and other data suggested before going to their physician. The use of the "Health Inventories", especially the one relating to health practices, included in the Appendix would be appropriate as a part of this Unit. A discussion of personal health practices may be considered a part of the student self-appraisal.

Note to teacher: The forms suggested here are good for recording health examination findings; those included in the Appendix also provide space for follow-up. Any of these forms could be filed in the CA-39 or other personnel folder for guidance purposes.

<u>Example of how community agencies may assist</u>	<u>Topic</u>	<u>Agency Assistance</u>
	1. Students' preliminary health appraisal.	1. <u>Private physician's and dentist's office and hospital laboratories:</u> Demonstration and interpretation of diagnostic aids.
	2. Qualification of medical doctors, oculist, optometrist, optician etc.	2. <u>Health Department:</u> Demonstration of vision and hearing test. Coordination with school plans for tests, inoculations, x-rays, physical examination. Plan for use of cumulative health records.
	3. Individual medical and dental examination.	Assist in making plan for medical and dental examinations: correction of defects.
		Information and bulletins on skin diseases, pinkeye. Lighting and eyesight (sanitarian).
		3. <u>Special services from State Health Department:</u> Audiometer test; dental hygienist; nutritionist. Use of films.
		4. <u>School:</u> Science laboratory-slides; urinalysis. Use home-making, physical education, science and other teachers with special training for subject matter.



References

\*Brownell, Clifford Lee; Williams, Jesse F.; Hughes, William. Health Problems How to Solve Them.

\*Charters, W. W.; Smalley, D.; Strong, Ruth. Health in a Power Age.

\*Department of Public Instruction. Teacher Observation of Health Conditions of School Children: Bulletin No. 325.

Film. Moving X-rays. 16 mm. Michigan Tuberculosis Association, Lansing. No charge except for return postage. Film shows mechanics and use of x-ray as diagnostic aid.

Your Blood can Save a Soldier. Hygeia. April 1942.

Laboratory Technicians Wanted. Hygeia. April 1942.

Test Tube Triumphs. Hygeia. June 1941.

Your Hospital. Hygeia. June 1941.





## MEDICAL AND DENTAL EXAMINATION FOR HIGH SCHOOL GIRLS

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

A. Medical History (students fill out)

1. List any serious illness, injury or operations you have had. \_\_\_\_\_
2. Name communicable diseases you have had \_\_\_\_\_
3. Are you absent from school frequently because of personal illness? \_\_\_\_\_
4. Name any persistent symptoms you have \_\_\_\_\_
5. Are your menstrual periods regular? \_\_\_\_\_ irregular? \_\_\_\_\_  
Painful? \_\_\_\_\_ Scant? \_\_\_\_\_ Profuse? \_\_\_\_\_
6. Contagious disease protection: Smallpox vaccination (successful) \_\_\_\_\_  
year \_\_\_\_\_ Diphtheria Immunization, year \_\_\_\_\_
7. Have you ever had close or repeated contact with anyone known to have had tuberculosis? \_\_\_\_\_  
Tb. Test, Date \_\_\_\_\_ Results \_\_\_\_\_ X-ray date \_\_\_\_\_  
Results \_\_\_\_\_

B. Tests and Measurements (do in class)

1. Height \_\_\_\_\_ Weight \_\_\_\_\_ Obese \_\_\_\_\_ Very thin \_\_\_\_\_  
Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Audition: R \_\_\_\_\_ L \_\_\_\_\_

C. Medical Findings (Physicians fill out)

- |                       |                              |
|-----------------------|------------------------------|
| 1. Skin _____         | 13. Posture _____            |
| 2. Eyes _____         | 14. Blood Pressure _____     |
| 3. Ears _____         | 15. Kahn or Wasserman _____  |
| 4. Nose _____         | 16. Hemoglobin _____         |
| 5. Throat _____       | 17. Urinalysis _____         |
| 6. Thyroid _____      | 18. Chest x-ray _____        |
| 7. Lymph glands _____ | 19. Activity: Moderate _____ |
| 8. Breasts _____      | 20. Other _____              |
| 9. Heart _____        | _____                        |
| 10. Lungs _____       | _____                        |
| 11. Abdomen _____     | _____                        |
| 12. Extremities _____ | _____                        |

Date \_\_\_\_\_

D. Dental findings (Dentist fill out)

- |                          |   |
|--------------------------|---|
| 1. Dental caries _____   | 4. Gums _____   |
| 2. Irregular teeth _____ | 5. Does this examination include dental x-rays? _____ |
| 3. Stained teeth _____   |   |

Date \_\_\_\_\_

D.D.S.

UNITED STATES DEPARTMENT OF THE INTERIOR

Geological Survey

Washington, D. C.

February 1, 1901

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,

Yours very truly,

John W. Powell

Director

Enclosed for you are two copies of the report of the

Geological Survey for the year 1900.

I am, Sir, very respectfully,

Yours very truly,

John W. Powell

Director

Very truly yours,

John W. Powell

Director

Enclosed for you are two copies of the report of the

Geological Survey for the year 1900.

I am, Sir, very respectfully,

Yours very truly,

John W. Powell

Director



# HIGH SCHOOL PHYSICAL EXAMINATION FORM

for  
Physical Fitness Program

Name of student \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hearing: Rt. \_\_\_\_\_ Left \_\_\_\_\_ Vision: Rt. \_\_\_\_\_ Left \_\_\_\_\_

TB Test (When) \_\_\_\_\_ Chest x-ray (when) \_\_\_\_\_

Above items checked by: \_\_\_\_\_ (Physical Education Instructor) \_\_\_\_\_

## Note to examining physician:

The reverse side of this sheet and the section at top of this page should be completed before the student comes to you.

The data called for below are all desirable as part of the complete "Personal Health Appraisal" for this student. Perhaps you have not the time at present to make a complete physical examination. The student or his instructors may as a result of observation in the school be concerned about certain items. If so, these will be indicated by a check (✓). Will you not as a minimum consider the heart before and after exercise and the inguinal rings for actual or potential hernia. Please indicate at the bottom of the page your opinion as to fitness of student to participate in a strenuous physical hardening program, including competitive athletics.

## Note any pathology or abnormality of the following:

Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_

Ears: Right \_\_\_\_\_ Left \_\_\_\_\_

Nose: Right \_\_\_\_\_ Left \_\_\_\_\_

Mouth: (Note obvious infections of teeth or gums) \_\_\_\_\_

Tonsils: \_\_\_\_\_ Lymph Glands: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Skin: \_\_\_\_\_

(✓) Heart sounds before exercise: \_\_\_\_\_ After exercise: \_\_\_\_\_

(✓) Pulse rate before exercise: \_\_\_\_\_ 2 Min. after exercise: \_\_\_\_\_

Lungs: \_\_\_\_\_

Nutrition \_\_\_\_\_ Musculature: \_\_\_\_\_

(✓) Hernia (Important for boys) \_\_\_\_\_

(✓) Menstrual dysfunction \_\_\_\_\_

Blood pressure: \_\_\_\_\_ Urine: \_\_\_\_\_

Check those statements which apply and if necessary add further explanation:

- ( ) Student is physically fit for a strenuous physical exercise program if introduced gradually and with ordinary precautions.
- ( ) Student is physically sound but should be introduced into strenuous exercise very slowly and under close observation.
- ( ) Student should not have any strenuous exercise.
- ( ) Student may participate generally in strenuous exercises with following exceptions or conditions: (Specify)

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Physician)

# HEALTH HISTORY

## Personal Health Appraisal for High School Student

Are You Subject to: (Answer Yes or No)	Have You Had the Following Diseases:			
	Yes or No	Age When	Yes or No	Age When
Sore throat _____	Chickenpox _____		Scarlet Fever _____	
Colds _____	Measles _____		Diphtheria _____	
Bronchitis _____	German Measles _____		Infantile Paralysis _____	
Fainting spells _____	Mumps _____		Typhoid Fever _____	
Convulsions _____	Whooping Cough* _____		Pneumonia* _____	

Have you had? (Answer Yes or No) Heart trouble\*\* \_\_\_\_\_

Rheumatic fever, rheumatism (joint pains), or chorea (St. Vitus dance) \_\_\_\_\_

Asthma \_\_\_\_\_ Sinus trouble \_\_\_\_\_ Ear trouble \_\_\_\_\_ Hernia \_\_\_\_\_ Appendicitis \_\_\_\_\_

Has appendix been removed \_\_\_\_\_ Is your hearing good \_\_\_\_\_ Is your eyesight good \_\_\_\_\_

Have you had any other serious illness \_\_\_\_\_ Specify: \_\_\_\_\_

Do you know of any physical disorder that should keep you from taking part in ordinary athletic activities \_\_\_\_\_

Are you now under medical care \_\_\_\_\_ Have you been within the past year \_\_\_\_\_

For what \_\_\_\_\_

Have you been protected from: Diphtheria by toxoid \_\_\_\_\_ When \_\_\_\_\_ ; Smallpox by vaccination \_\_\_\_\_ When \_\_\_\_\_ ; Have you a vaccination scar \_\_\_\_\_

Give approximate date of last physical examination: \_\_\_\_\_

Give approximate date of last visit to a dentist \_\_\_\_\_ Were the necessary corrections completed \_\_\_\_\_ . Dental x-ray check-up \_\_\_\_\_ When \_\_\_\_\_

Have you ever been closely associated with a case of tuberculosis? \_\_\_\_\_

Remarks: \_\_\_\_\_

Above statements reviewed and approved by \_\_\_\_\_ Date \_\_\_\_\_

(Parent)

(Student's signature)

\* x-ray advised if case was severe

\*\* If "yes," x-ray advised

Printed by Michigan Department of Health  
1943



## Sub-Unit

## Common Physical Conditions and Defects

Statement  
of problem

## I. Skin

The questions relative to skin as found by the health appraisal are the basis for this study.

Subject  
matter

- I. Composition of the skin
- II. Function of the skin
- III. Hygiene of the skin

- A. General care
- B. Best agents used to care for the skin (soap and water)
- C. Baths--frequency and type

- 1. Menstruation and baths

Note to teacher: Menstruation is a physiological function usually accompanied by slight discomfort, such as cramps, headaches, or irritability. A healthy person should not be incapacitated at this time.

Cramps may be relieved by resting, loosening tight belts or other tight garments, and applying heat to feet and abdomen.

Cessation may be the result of fear, disease, or pregnancy. Any unmarried girl who has a cessation of menstruation after having regular periods should consult her physician.

- D. Cosmetics and the skin--cold cream, powder, rouge, lipstick, mascara, deodorants, depilatories, lotions, etc.

- IV. Non-communicable skin conditions--blackheads, acne, eczema, suntan, and sunburn.

Note to teacher: Not all skin conditions are caused by lack of cleanliness nor are they all communicable. Special care should be taken to prevent an over-self-consciousness on the part of students who might be suffering from such afflictions as eczema or acne.

Skin cancers often found on the backs of hands and sides of the face are believed to be due to repeated irritation from sunlight. They can be cured 100 percent if treated early.

- V. Communicable skin diseases--ringworm, scabies, impetigo.





Suggested  
activities

1. Have special reports on soap, cold cream, and cosmetics.<sup>25.</sup>
2. Rate them according to "Consumer's Guide".
3. Ask science teachers to demonstrate the growth of bacteria from nails and hands.
4. Invite nurse , or other medical specialists to discuss non-communicable and communicable skin diseases.
5. Visit hospitals or your family physician's office to learn the use of sunlamps and other lamps.
6. At the hospital observe a nurse or doctor scrubbing for an operation if possible.
7. Visit the school health department and local health department to learn their responsibility in the control of communicable skin diseases.

References

\*Rice, Thurman B. Living. Scott, Foresman and Company. Chicago. 1940.

\*Turner, C.E.; McHose, Elizabeth. Effective Living. C. V. Mosby Company. St. Louis. 1942.

\*Brownell, Clifford Lee; Williams, Jesse F.; Hughes, William. Health Problems, How to Solve Them. American Book Company. 1942.

Article. Acne. Readers Digest. October 1938.

Consumers' Guide. Washington, D.C. U.S. Department of Agriculture.

Pamphlet. Growing Up in the World Today. Michigan Department of Health (free).





## B. Eyes, vision, light

Statement  
of problem

From the individual health appraisal how many students were found who complained of symptoms of eyestrain or had defective visual acuity on the Snellen Chart? What was done about it? What should be done about it?

Subject  
matter

- I. How we see (Structure of the eye)
- II. Eye strain--cause and prevention
- III. Common eye defects--near sighted, far sighted, cross eyes and astigmatism
- IV. Snellen Chart, Oculist, Optometrist, and Optician (See page 10)
- V. Removal of foreign bodies
- VI. Common communicable diseases of the eye--styes and pink eye
- VII. Lighting--home and school
- VIII. Sight conservation classes

Suggested  
activities

1. Test visual acuity of each member of the class using Snellen Chart.
2. Study light in home and school by taking pictures, drawing diagrams of the rooms, or measuring light by the use of a light meter. (Meters may be supplied by local light companies).
3. Visit various rooms in the school building and check light as influenced by shades, light fixtures, etc.
4. Create glare and prevent it.
5. Visit ophthalmology department of local hospital or local oculist's office and observe testing.
6. Visit optical company and observe lens grinding.
7. Visit industrial plant and observe lighting.

References

Living. Rice.

Effective Living. Turner and McHose.

\*Brownell, Clifford Lee; Williams, Jesse F.; Hughes, William. Being Alive. American Book Company. Chicago. 1942.

Health Problems, How to Solve Them. Brownell, Williams, Hughes.



## C. Ears and hearing

### Statement of problem

The persons with hearing losses are dreadfully handicapped. In order to conserve our hearing we should better understand the proper care of the ears, and the effects that headcolds, tonsillitis, and other diseases have on the hearing.

### Subject matter

- I. How we hear (Structure of the ear)
- II. How to prevent ear injuries
- III. Head colds and ear trouble
- IV. Protecting the ears when swimming
- V. Diseases of the ear and their prevention--sinusitis, mastoiditis.
- VI. Hearing aids.

### Suggested activities

1. Test hearing of group by whisper test, watch test, or audiometer.
2. Visit school for hard of hearing children. Observe methods of teaching, use of instruments, and hearing aids.
3. Trace your own ear troubles if any.

### References

Living. Rice.

Effective Living. Turner and McHose.

Health Problems, How to Solve Them. Brownell, Williams, and Hughes.

Being Alive. Brownell, Williams, and Hughes.





## D. Nose and throat

Statement  
of problem

Next to teeth more defects are found in the nose and throat than any other part of the body. What did your medical examination reveal?

Subject  
Matter

- I. Structure of nose and throat
- II. Common defects of the nose - adenoids, deviated septum, foreign bodies in the nose.
- III. Common defects of the throat - diseased tonsils, septic or grossly enlarged causing mechanical obstruction.
- IV. Daily care of nose and throat

Suggested  
Activities

1. Demonstration and practice in the correct way to blow the nose.
2. Demonstration and discussion of correct way to blow the nose and the correct use of handkerchief to children in the elementary grades.
3. Practice of first aid procedures recommended by the American Red Cross relating to nose bleed; and objects in nose, throat and ears.

References

Living. Rice

Health Problems. How to Solve Them. Brownell, Williams and Hughes.

Effective Living. Turner and McHose.

Being Alive. Brownell, Williams, and Hughes.

First Aid Manual. American Red Cross





## E. Teeth

Statement of problem      The most common defect found among high school students is dental caries. From the appraisal on teeth made earlier, what was found? What should be done to improve the status of teeth?

Subject Matter

- I. How teeth develop.
- II. Purpose of the teeth
- III. The six-year molar and its importance
- IV. Diet in relation to teeth--the effect of sugar
- V. Proper care of the teeth
- VI. Causes of dental decay
- VII. Approved dentifrices
- VIII. Home-made dentifrices

Suggested activities

1. Demonstration of how to brush teeth properly.
2. Bring in tooth brushes; select the good ones.
3. Make dentifrices.
4. Show film "About Faces".
5. Invite a local dentist or consultant from the Michigan Department of Health, Bureau of Public Health Dentistry as a class speaker.

### References

\*Pamphlet. Your Child's Teeth. Bureau of Public Relations, American Dental Association. Chicago. 1940.

Morrey, Lon W. Teeth, Health and Appearance. Bureau of Public Relations, American Dental Association. Chicago. 1940.

\*Pamphlet. Maintaining a Healthy Mouth. Michigan Department of Health.

Pamphlet. Dental Health for Youth-Adults. Michigan Department of Health.

Pamphlet. The Eskimo, Sweets and Tooth Decay. School Health Series. Michigan Department of Health.

Pamphlet. What Can the Dental Health Worker Teach Regarding Nutrition and Diet? Michigan Department of Health.

Pamphlet. Development and Structure of Human Teeth. Michigan Department of Health

List of accepted dentifrices. Mich. Department of Health.

Film. "About Faces". 10 min. sound or 20 min. sound and color. Michigan Department of Health. No charge except return postage.



## F. Health practices.

### Statement of problem

Health practices are those things you do to improve or maintain your health. Undesirable practices may go so far as to undermine your health.

Now you have had an opportunity to appraise your own health and to learn the results of the health examinations and appraisal by your private physician and dentist. To what extent has your own behavior influenced your mental and physical health? That is, what habits have you formed that are conducive to the maintenance of good health? Are there any habits that you would consider undesirable health habits?

### Subject Matter

#### I. Eating

- A. Regularity of eating
- B. Selection of food
- C. Amount of food
- D. Conditions conducive to good eating
- E. Water intake

#### II. Sleep and rest

- A. Regularity of
- B. Amount needed
- C. Conditions conducive to rest

#### III. Exercise and play

- A. Amount
- B. Selection suitable to girls

#### IV. Elimination of body wastes

- A. Means of - skin, kidney, bowels and lung
- B. Constipation - causes and prevention
  - 1. Use of laxatives
  - 2. Dangers of laxatives in appendicitis

#### V. Mental

- A. Essentials for developing desirable mental health  
(See Unit IV for further development of mental health)

#### VI. Medical examination

- A. Frequency of visits to doctor
- B. Frequency of visits to dentist





Suggested  
Activities

1. Make an inventory of personal health practices using forms suggested in the Appendix.
2. Make an inventory of information and attitudes relating to these practices using forms suggested in the Appendix.
3. Plan how to improve personal health practices. Relate this plan to student life purposes.
3. Investigate routine health practices and standards demanded by the military services; in camps; by organizations like the Boy Scouts, Girl Scouts, Camp Fire Girls; by coaches of athletic teams; by industry. Relate these health practices and standards to achievement and growth.

References

Living. Rice

Effective Living. Turner and McHose

Roberts, Lydia J. The Road to Good Nutrition. U. S. Department of Labor. Children's Bureau, Washington, D. C.





Family HealthContent  
of unit

- I. Maintaining the health of the family
  - A. Individual responsibility for promotion of family health
  - B. Family responsibility
- II. Maternal health
- III. Infant care
- IV. The child from one to six

Statement  
of problem

The influence of the family is the most important influence we have in our lifetime. Ideals, standards for health, religious beliefs, attitudes towards money and our social attitudes are affected by family beliefs and practices

Because the home is such an important factor in the life of the individual, what are the phases of home life which should be studied for a complete understanding of its position?

Subject  
matter

- I. Maintaining the health of the family
  - A. Individual responsibility in promotion of family health
    - 1. Individual application of the health principles
    - 2. Working cooperatively in promotion of health of the family
  - B. Family responsibility in promotion of family health
    - 1. Provision of periodic health examinations
      - a. Determine "little health leaks" before they become big ones
      - b. Correction of defects
      - c. Correct faulty living habits to follow advice of physician
    - 2. Provision for care of the sick
      - a. Short illness in the home
      - b. Long, costly illnesses
        - (1) Hospital insurance
        - (2) Medical insurance
    - 3. Prevention of communicable diseases
      - a. Protection against communicable diseases for which there is a known protection, as early as possible and as frequently as necessary.
        - (1) Smallpox protection
          - (a) Vaccination before infant reaches first birthday
          - (b) Revaccination every five years



- (2) Diphtheria protection
  - (a) Immunization before first birthday
  - (b) Reimmunization at age 5 and 10 years
- (3) Whooping cough
  - (a) Immunization approximately at six months of age.
- (4) Typhoid fever
  - (a) Immunization--when exposed to the disease or when traveling and running chance of exposure or living in a community with a questionable water supply.
- (5) Undulant fever
  - (a) Prevention by use of pasteurized milk
- (6) Measles
  - (a) Exposed children--injection of convalescent serum, or placental extract, or whole blood taken from an adult who has had measles, can often prevent or modify the usual course of the disease, if given in the first ten days after exposure.

#### C. Development of protective conduct in the home

- 1. Train children to stay away from persons with coughs, colds, etc.
- 2. Voluntary isolation of ill members of the family
- 3. Develop habits that will protect other members of the family
  - a. Cover the sneeze
  - b. Individual drinking cups
  - c. Individual towels
  - d. Hand washing after toilet, etc.

#### D. Home care of communicable diseases (see unit on Nursing Skills)

#### E. Development of family knowledge of diseases which sneak up on individuals and often appear in later life

- 1. Heart disease
  - a. Prevalence--leading cause of death in U.S., accounts for about 16% of all deaths. Leading cause of death in Michigan, too
  - b. Structure of the heart--most important organ
  - c. How the heart functions
  - d. Diagnosis and treatment of heart disease
  - e. Care of the heart
    - (1) Avoiding as far as possible infections such as influenza, pneumonia, scarlet fever, etc., which might influence the heart. When they do occur stay at home and rest in bed so as to lessen the chances of injury to the heart.
    - (2) Remove infected teeth and tonsils upon advice of physician before the germs which





they harbor have a chance to injure the heart.

- (3) Avoid self dosing by the use of patent medicines which might injure the heart.
- (4) Avoid overwork and pressure when under par. Fatigue is nature's warning signal.
- (5) Annual physical examination to prevent or detect heart disease.

## 2. Cancer

a. Prevalence - second cause of death in the U.S. Exceeded only by organic heart disease. Second cause of death in Michigan. Causes 12 percent of all deaths. Also a very important cause of death in high school ages. Tuberculosis alone of the common communicable diseases kills more people under age 20 in Michigan. Deaths under age 20 are about two percent of all cancer deaths in Michigan.

### b. Nature of cancer

- (1) Uncontrolled and disorderly growth of cells
- (2) Catching or contagious - no
- (3) Hereditary (heredity important factor - no)
- (4) Difference in cancer cells and normal cells
- (5) Kinds of tumors
  - (a) Benign
  - (b) Malignant

### c. Causes of cancer

- (1) Mechanical irritation
- (2) Chemical irritation
- (3) Overexposure to high temperatures and sunlight
- (4) Causes of certain types of cancer not yet determined

### d. Signs of cancer

- (1) Painless, persistent lumps
- (2) Sores that do not heal
- (3) Unnatural, bloodstained discharge from natural body openings
- (4) Persistent indigestion
- (5) Sudden change in size, shape or color of moles and warts

### e. Treatment of cancer

- (1) Surgery - an effective way of combating cancer
- (2) X-ray - a second valuable means of treating cancer
- (5) Radium - a third valuable means of treating cancer, but both x-ray and radium should be handled only by carefully trained physicians.

Note to teacher: Treatment should always be by most competent physicians and surgeons, never by secret family remedies and advertised "cancer cures" and Faith Healers.

### f. Prevention of cancer

- (1) Avoid chronic irritations
  - (a) Ragged teeth
  - (b) Ill fitting dental plates
  - (c) Use of tobacco when it causes "smoker's patches" or "white spot disease" in the mouth or tongue.
  - (d) Chewing cheek or lip tissues
  - (e) Tight fitting clothing as brassieres which unduly irritate tissues.
- (f) Overexposure to sunshine. An hour daily is sufficient for all the benefits sunshine can give. Blonds should expose themselves for but a fraction of that time.





### g. Unrepaired tears or injuries at child birth.

Note to teacher: Emphasis should be placed on the fact that mothers who can but who will not nurse their babies often have cancer of the breast more frequently than those who do nurse their babies.

Periodic physical examination by a competent physician should be a regular practice; for by it many cancers are found in early stages before the patient realizes anything is wrong.

### F. Home sanitation and hygiene

1. Aids in cleaning
  - a. Soap and water
  - b. Scrubbing
  - c. Air and sunlight
2. Heating the home
  - a. How heat travels; its relation to position of thermometer in room.
  - b. Heat for adults and heat for little children
  - c. Conserving heat
  - d. Different kinds of heating systems
  - e. Clothes in relation to room temperature
3. Insects and other pests
  - a. Flies and typhoid fever, dysentery and diarrhea
  - b. Mosquitoes and malaria, yellow fever
  - c. Rodents
4. Garbage disposal
5. Sewage disposal (rural and city)
6. Water supply (city and rural)
7. Drainage
8. Milk supply
  - a. Home pasteurization
  - b. Rating of home milk supply (see local health department)

### G. Safety education in the home.<sup>1</sup>

1. Causes of accidents in the home
2. Methods of preventing accidents

### H. Development of good family relationships

1. Importance of family relationships in its responsibility to the individual and the individual to the family.
  - a. Formation of philosophy
  - b. Discipline of sacrifice
  - c. Tolerance

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1. This topic probably should be amplified greatly.



## 2. The value of the family council

- a. Giving opportunities for airing individual opinions on family problems and bringing about a satisfactory understanding.

- 3. The leisure time activities and recreation program of the family
- 4. The relationship between an attractive, convenient home and family relationships.

Suggested Activities

## For maintaining family health

- 1. Have students write to state health department for immunization schedule.
- 2. Encourage the members of your family to have medical examinations.
- 3. Find out about medical, hospital insurance plans for each family.
- 4. Have each girl survey her own family for disease protection and prevention.
- 5. Have physician or nurse consultant discuss the care of the heart.
- 6. Have laboratory period in the hospital or physician's office and look at some one's heart under the fluoroscope.

## For home sanitation and hygiene

- 7. Visit with the health department sanitarian and discuss problems of construction, safety, etc.
- 8. Plan a campaign of ridding your own house of flies and mosquitoes.
- 9. Analyze your family method of garbage disposal and sewage disposal.
- 10. Have demonstration on the home pasteurization of milk.

## For safety education

- 11. Plan and execute a campaign for educating the family on preventing accidents in the home.

## For family relationships

- 12. Plan a conference, panel discussion, lectures, etc. for high school boys and girls and parents on family and social relationships.

References for Family Health

Effective Living. Turner and McHose

Living. Rice

Bulletins on Home Sanitation from Michigan Department of Health, Lansing.

Materials on Safety from National Safety Council and the National Education Association.





Health in a Power Age. Charters, Smiley, Strong.

\*Justin, Mary, Rust. Home and Family Living. J. F. Lippincott, Chicago. 1941.

Bulletins on Communicable Diseases from Michigan Department of Health, Lansing, Michigan.

Films: Choose to Live . . . . 16mm or 18 min. sound

House Fly . . . . . 16 mm sound

Contamination of Water Supply by Back Siphonage

Small Water Supplies . 16mm or 10 min. sound

Safety . . . . . 16mm

## II. Maternal health

### A. Hereditary characteristics

#### 1. Physical

- a. Body build, color of hair, eyes, etc.
- b. Undesirable characteristics; such as, color blindness, haemophilia, albinism, myopia, epilepsy, hay fever, extra digits.

#### 2. Mental

- a. Intelligence
- b. Feeble-mindedness
- c. Degeneracy
- d. Insanity
- e. Special abilities

### B. Choosing a mate

(You can do nothing about your inheritance, but you can take responsibility for shaping the next generation.)

1. Health status
2. Interests similar
3. Harmonious relationship

### C. Marriage laws in Michigan developed to protect mothers and babies.

Note to teacher: On September 1, 1931, nineteen states required both applicants for marriage license to present medical certificates to licensing authorities. These certificates were secured after the applicants had an examination including a blood test for syphilis.





Michigan also has a prenatal examination law which requires physicians or midwives attending pregnant women to take or cause to be taken samples of blood to be tested for syphilis.

D. Signs of pregnancy.

E. How life begins.

1. Size of cells
2. Where the ovum is developed
3. Where the sperm is developed
4. Union of the cells--beginning of a new life
5. Where the baby grows
6. From embryo to baby
7. Birth of the new baby

F. Selection of a doctor

G. Selection of a nurse

H. Selection of a place of delivery

1. Hospital
2. Home

I. Routine for the mother-to-be

1. Examinations by the physician; initial examination, its purpose, and what it includes; subsequent examinations.
2. Examination by the dentist
3. Personal hygiene
4. Nutrition
5. Sleep and rest, exercise
6. Mental attitude
7. Clothing

J. Preparation for the new baby

1. The family
2. The baby's clothes
3. The toilet tray
4. The bassinet

K. Care of baby's eyes at birth

1. Drops, kind and purpose
2. State law requiring drops
3. Responsibility of the doctor

L. The birth certificate and naming the baby

1. Reporting of births
2. Information on the certificate
3. Function of a health department

M. Postnatal care of the mother

1. Rest in bed--length of time
2. Daily program after lying-in period
3. Examinations (6 weeks, 6 months, 1 year)



## N. Breast feeding

## O. Monthly examination of the baby

Suggested activities

1. Make your own family tree.
2. Discuss war marriages.
3. Discuss increasing divorce rates and causes.
4. Have the nurse talk about marriage laws and their effect.
5. Use the movies listed below.
6. Survey the number of obstetricians in your community.
7. Write the local health department or state department and find out number of births in your community, number of boys and girls, number born in hospitals, number born in home.
8. If possible, make a prenatal visit with the health nurse
9. Ask the visiting nurse to show the equipment necessary for a home delivery.
10. Demonstrate the types of clothing for the mother.
11. Make a baby's toilet tray.
12. If possible, visit prenatal clinic rooms in the hospital or the community.
13. Prepare a layette and improvise a bassinet.
14. Examine a blank birth certificate.

References

Pamphlet. Edson, Newell W. Choosing a Home Partner. American Social Hygiene Association. New York. 1941.

Michigan's Premarital Physical Examination Law. Act No. 207, P.A. 1937, as amended by Act No. 112, P.A. 1939.

\*Strain, Frances Bruce. Being Born. D. Appleton Century Company. New York. 1937. Also New Patterns in Sex Education 1941.

Deschweinetz, Karl. Growing Up. Macmillan Company. Chicago. 1931.

Keliher, Alice V. Life and Growth. Appleton-Century Company. New York. 1938.

\*Pamphlet. The Health of the Prospective Mother. Michigan Department of Health.

\*Pamphlet. Sex Education in the Home. Michigan Department of Health.

\*Pamphlet. Growing Up in the World Today. Michigan Department of Health.

\*Pamphlet. High Schools and Sex Education. Education Publication No. 7. U.S. Public Health Service.

Film. Before Baby Comes. 16mm. Sound.

\*Zabriskie, Louise. Mother and Baby Care in Pictures. J. B. Lippincott Company. Philadelphia.





- A. Baby's own room
- B. Baby's clothes

- 1. Type of clothing
- 2. Laundering of baby's clothes

- C. The daily schedule of the baby
- D. The baby's bath
- E. The baby's food

- 1. The breast fed baby

- a. The advantages of breast feeding
- b. The factors influencing the supply of breast milk
- c. Feeding schedule
- d. Care of mother's breasts
- e. Water, cod liver oil, orange juice
- f. Weaning--cereals, vegetables and fruits

- 2. The bottle fed baby

- a. Preparation of formula, care of bottles and nipples
- b. Water
- c. Safe milk for baby

- 3. Additional first year foods

- F. Protecting the baby against disease
- G. Growth and development during first year
- H. Regular monthly checkups by the family physician for the guidance in the care of the baby.

Suggested activities

- 1. Plan a room for a baby, or a part of a room in your own home to meet the needs of a baby.
- 2. Launder baby's clothes.
- 3. Make out a schedule for a baby, blocking out the time for eating, sleeping, etc.
- 4. Plan the daily work of the mother or the person who cares for the baby.
- 5. Have the nurse give a demonstration of the baby's bath.
- 6. Have the nurse give a demonstration of preparing formulas for the baby.
- 7. Visit the local baby clinics.

References

Goodspeed, Helen C.; Johnson, Emma. Care and Guidance of Children. J. B. Lippincott. Chicago.

Pamphlet. The Health of the Baby. Michigan Department of Health.





Films: (Michigan Department of Health)

For Health and Happiness. 16 mm. 10 min. Sound.

Around the Clock. 16 mm. 10 min. Sound.

Baby's First Year. 16mm. 10 min. Sound.

Clocking a Champion. 16 mm. 10 min. Sound.

IV. The child from one to six

A. General checkup of physical health

1. Annual medical examination
2. Dental examination - begin at three years

B. Formation of good habits by daily routine

1. Food, sleep and play habits
2. Purpose of play and toys

C. Establishment of good social habits

1. Factors in emotional development

- a. Fear
- b. Anger
- c. Jealousy
- d. Obedience
- e. Honesty, sincerity

D. Preparation of the child for school

1. Medical and dental examinations
2. Correction of defects
3. Communicable disease protection
4. Informing the school of unusual health facts about the child.

Suggested  
Activities

1. Observe and give assistance to local nursery school or child care center.
2. Plan how to care more effectively for small children at home when parents are gone.
3. Observe and give assistance to kindergarten teacher and teachers of primary grade children.



Important Note to Teacher and Cooperating Nurse: The content of this Unit can be related to that of Units I, II, and V. The initial survey of the community should make the students somewhat aware of the community's health problems and health agencies. The student health appraisals and medical examinations should reveal to the students their own health status and should result in the correction of defects. A study of family health problems may increase the student's understanding of the factors outside of himself which influence or modify his personal health and that of the community. The inter-relatedness of personal, community, and family health may be emphasized at this point. This inter-relatedness will be emphasized as Units IV and V are studied. All of this should provide a background for Unit VI.

Remember in this Unit the homemaking teacher, the cooperating nurse, and representatives of your local health department and child welfare agencies will have considerable to contribute.

<u>Example of</u>	<u>Topic</u>	<u>Agency Assistance</u>
<u>How Com-</u>	1. Preventive Inoculations	Students may participate in, observe, or assist with inoculation clinics.
<u>munity</u>	2. Causes, prevention, heart disease, cancer.	<u>State Health Department</u> specialists available to school on cancer, family relationships and children's toys; movies on prenatal care, sanitation and child development.
<u>Agencies</u>	3. Home and community sanitation.	<u>Health Department</u> glass or several members may accompany sanitation on field visits in school community. Interpret Michigan marriage law, prenatal law.
<u>may</u>	4. Pregnancy, prenatal care, Michigan marriage law, prenatal examination.	Explain community facilities for maternal and child care. Demonstrate baby bath. One member of class observe home call on baby or expectant mother. See birth certificate in county clerk's or health department office.
<u>Assist</u>	5. Infant care	<u>Hospital or clinic</u> Class observe or assist at local maternity or child <u>clinic</u> and conference. Hospital insurance.
	6. Child care.	<u>School</u> Class observe or assist at summer round-up. Class observe or assist in kindergarten or nursery school.
		<u>Probate judge</u> Child placement junctions.





Health Agencies, Community Health  
and the School Health ProgramContent  
of unit

## I. Health Agencies and their functions

- A. Local health departments
- B. Private agencies
- C. State and federal agencies

## II. Community environment problems

- A. Housing
- B. Water supply
- C. Sewage disposal
- D. Garbage
- E. Insects and animals
- F. Food handling
- G. Communicable disease

III. The function of the school health program in  
community health

- A. Mental health (assisting the student to become sufficiently mature to understand and assume his responsibilities in community life)
- B. Factual information (education of prevention necessary for making contribution to community)
- C. Providing healthful school environment

Statement  
of problem

Organized effort is needed to maintain community health. Now we are ready to work with the local health agencies in furthering their educational program. First we must become acquainted with their problems and how to go about solving them, and then discover the school's part in this total health program.

Subject  
matter

## I. Health agencies and their functions

- A. Local health departments, official (city, county or district)

## 1. Functions

- a. Enforcing of local and state laws regarding health and disease
- b. Collecting vital statistics and making reports to state department
- c. Controlling communicable disease
- d. Supervising and inspecting of water supplies, food handlers, restaurants, sewage disposal, and housing
- e. Controlling nuisances, garbage, flies, insects, rats and smoke
- f. Supervising housing conditions





g. Administering special activities, such as:

- (1) Public health nursing
- (2) Infant welfare work
- (3) City hospitals, etc.

h. Providing biologics of immunization agents to physicians for the purpose of immunizing people against communicable disease.

i. Cooperating with the safety program of industries, schools and community

j. Cooperating with all health agencies in the community interested in the promotion and protection of individual health

k. Preventing disease (emphasis on education rather than treatment of disease)

B. Local health officials in areas with no health department (See township and/or village clerk for information)

C. School health departments (emphasis on school age child - cooperation with local health agencies)

D. State Health Department

1. Each state makes its own public health laws and has a department of health to carry them out. Michigan was among the first to recognize that the improvement of the health of its people was one of the primary functions of its government. The Michigan State Board of Health was established July 30, 1873, by an act of the legislature. The work of the Michigan Department of Health is carried on by 12 bureaus.

- a. Bureau of Business Administration
- b. Bureau of Education
- c. Bureau of Engineering
- d. Bureau of Epidemiology
- e. Bureau of Tuberculosis Control
- f. Bureau of Industrial Health
- g. Bureau of Laboratories
- h. Bureau of Maternal and Child Health
- i. Bureau of Public Health Dentistry
- j. Bureau of Public Health Nursing
- k. Bureau of Records and Statistics
- l. Local Health Services

E. Private health agencies - non-official

1. Professional associations

- a. American Medical Association (local branch)
- b. American Dental Association (local branch)
- c. American Public Health Association
- d. American Nursing Association (local branch)
- e. Others e.g. National Education Association; M.E.A.



## 2. Volunteer

- a. National Tuberculosis Association (State and local branches)
- b. American Red Cross (local chapter)
- c. American Society for Control of Cancer
- d. National Association for Prevention of Blindness
- e. National Committee for Mental Hygiene
- f. The National Health Council - a coordinating agency

## F. Service clubs that function as volunteer agencies

- 1. Rotary (crippled children)
- 2. Lions (eyes)
- 3. Others e.g. Kiwanis; Women's Clubs

## G. Federal agencies

The Federal Government does not have a separate health department, but certain powers have been granted to specific bureaus for controlling the health of the nation. Some of these agencies include:

- 1. The U. S. Public Health Service (under the Federal Security Agency). This is the major Federal health agency. "Its authorized functions are research in the course and methods of prevention and control of disease, control of biologic products, cooperation with state and other health agencies, prevention of the introduction of disease from abroad and the spread of disease in the United States, medical care of legal beneficiaries, and the dissemination of health information."<sup>1</sup> The activities of the Public Health Service are carried on under various divisions such as:

- a. The National Institute of Health
- b. Division of Marine Hospitals and Relief
- c. Division of Foreign and Insular Quarantine
- d. Division of Sanitary Reports and Statistics
- e. Division of Venereal Diseases
- f. Division of Tuberculosis
- g. Division of Mental Hygiene

The Public Health Service cooperates with other Federal Bureaus and Departments that have health activities as one of their minor activities.

## 2. U.S. Children's Bureau (Department of Labor)

- a. Protection of health in maternity and infancy
- b. Cooperates with state and local agencies in protecting the welfare of growing children

- 3. U. S. Women's Bureau (Department of Labor) studies of health and welfare of women in industry.

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1. United States Government Manual, Winter 1943-44 p. 429.





4. U. S. Bureau of the Census (Department of Commerce) compilation of mortality and morbidity statistics.
5. U. S. Department of Agriculture. The activities of a number of different bureaus relate to health. Those with special contributions include: Bureau of Human Nutrition and Home Economics; Bureau of Dairy Industry; and War Food Administration, especially Food Distribution Administration section on Nutrition and Food Conservation.
  - a. Sanitation of dairies and dairy products
  - b. Promotion of improved nutrition for children and adults
  - c. School lunch program
6. U.S. Office of Education (Federal Security Agency).
  - a. Interest in physical and mental health of children
  - b. Physical fitness programs
7. U. S. Food and Drug Administration (Federal Security Agency) Enforcement of laws relating to food and drugs.

Suggested Activities

1. Review and/or extend the Community Health Survey to Unit I. Determine the community health problems
2. Invite the local or county health officer to come to the school to explain the function of the health department.
3. Visit the health department and learn about its functions.
4. Study the reports kept by the health department
5. Study the statistical report on the back of the Michigan Public Health Bulletin No. 2, Vol. 31, Feb. 1943 or some other issue.
6. Invite representatives from the non-official health agencies to discuss functions of their agencies and their interests in child health. Do the same for the service and civic club groups in your community.
7. Learn how much money is spent for the work done by local or county health departments. Where do the funds come from?
8. Evaluate local policies in terms of Bulletin 321.
9. Relate the content of this section of the Unit to Social Studies, especially Civics, and the function of local, State and Federal Government in protecting the health of people and the responsibility of individuals to cooperate with Government as an act of good citizenship.

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Report of the National Health Council 1790 Broadway, New York, N. Y.

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Health in a Power Age. Charters, Smiley and Strang

The Report of a Committee of the Public Health Education Section and the Health Officers Section of the American Public Health Association. Community Organization for Health Education. 1941. The Technology Press, Cambridge, Mass.

## II. Community environment

### A. Housing Problems

1. Overcrowded home conditions
2. Overcrowded trailer camps
3. Standards for good housing

### B. Water Supply

1. Wells - construction and location of
2. Public water supply

- a. Sources
- b. Methods of purification

- (1) Sedimentation
- (2) Filtration - slow and rapid
- (3) Chlorination

3. Emergency treatment of drinking water

- a. Boiling - for one minute

4. Pollution of the water supply

- a. Seepage
- b. Cross connections

- C. Sewage disposal - to prevent spread of intestinal diseases such as typhoid fever, cholera and dysentery

1. What is sewage
2. City sewage disposal

- a. Into a river directly
- b. Sewage reduction plants
  - (1) Sludge and fertilizer



### 3. Disposal of sewage without sewers

- a. The privy
- b. Chemical closets
- c. Cesspools
- d. Septic tanks

### D. Garbage

- 1. What is it?
- 2. Methods of disposal
  - a. Feeding to hogs - dangers
  - b. Cooking at high steam pressure
  - c. Burning
  - d. Burying

### E. Insect and animal control (those that carry disease)

#### 1. Fly

- a. Life cycle of the fly
- b. Places of breeding
- c. Methods of spreading germs
- d. Types of disease carried
- e. Important sanitary measures
  - (1) Screening
  - (2) Disposal of manure and garbage
  - (3) Fly proofing privies
  - (4) Protection of food

#### 2. Mosquito control

- a. Life cycle of the mosquito
- b. Places of breeding
- c. Types of disease spread
  - (1) Malaria and yellow fever
- d. Method of eradication
  - (1) Drainage
  - (2) Crude oil
  - (3) Use of larvacide
  - (4) Screening

#### 3. Rats

- a. Disease spread by rats
  - (1) Typhus fever or plague
  - (2) Trichinosis among hogs
- b. Methods of eradication
  - (1) Trapping
  - (2) Poisoning
  - (3) Cats
  - (4) Building construction





## 4. Dogs

- a. Disease spread by dogs
  - (1) Rabies
- b. Methods of eradication
  - (1) Licensing of dogs
  - (2) Quarantine
  - (3) Procedure to take when dog bites a person

Suggested Activities

1. Find out from local health agencies or other civic groups the local housing problem in your community.
2. Find out the type of water purification in your community.
3. Find out from your city government or health agencies the method of sewage disposal used in the community.
4. Find out how your city handles garbage. Find out how your family handles garbage.
5. Inspect your own home for the control of flies, mosquitoes and rats. Are they a problem in your community?
6. Plan a campaign with your health agency if necessary to rid your community of flies, mosquitoes and rats.

References

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Film. Keep 'em Out. (rat control) 10 min. sound. 16 mm. Michigan Department of Health.

Film. Safe Drinking Water for Small Water Supplies. 10 min. 16 mm. Michigan Department of Health.

Pamphlets on Community Sanitation and Hygiene. Michigan Department of Health.

## F. Food handling

## 1. Milk supply

- a. City milk supply
  - (1) Ordinance or laws in your community
  - (2) Inspection of farms producing milk
  - (3) Inspection of factories and creameries
  - (4) Health inspection of cattle
  - (5) Pasteurization
  - (6) Certified milk
- b. Dangers of raw milk
  - (1) Undulant fever
  - (2) Tuberculosis
  - (3) Typhoid fever
  - (4) Scarlet fever





## 2. Meat supply

- a. Ordinance or laws in your community
- b. Inspection of the supply for:
  - (1) Animals free from disease
  - (2) Meat for spoiling
  - (3) Slaughtering methods
- c. Dangers of uninspected meat
  - (1) Trichinosis
  - (2) Tuberculosis
  - (3) Anthrax
  - (4) Tapeworm

## 3. Pure food laws

## 4. Food handling establishments--stores, restaurant bakeries, food lockers, canneries, etc.

- a. Ways in which food is contaminated
- b. Importance of examination of food handlers
- c. Sanitary methods of serving food, washing dishes, etc.

### Suggested activities

1. Find out from the health department whether the milk sold in your community is pasteurized, certified, or grades of inspected milk A or B, and the difference between them.
2. If you have no milk ordinance, plan a campaign with the health agencies to establish such an ordinance.
3. Ask a sanitarian from the health department to demonstrate home pasteurization and the problem of local milk handling.
4. Visit the food handling establishment with the sanitarian or the inspector to have the problems of sanitation pointed out, particularly where students eat their lunch.
5. Find out whether a health examination for food handlers is required in your community.

### References

Film. Milk Parade. 10 min. sound. Michigan Department of Health.

Living. Rice, T.

Effective Living. Turner and McHose.

Health in a Power Age. Charter, Smiley, Strang.

Film. Eating Out. 30 min. silent. Michigan Department of Health.

Film. Twixt the Cup and the Lip. 18 min. sound. Michigan Department of Health.



## G. Communicable diseases

1. What is a communicable disease?
2. The contributions of importance toward the science of disease made by Leewnhoeck, Pasteur and Koch
3. Communicable diseases common to childhood
  - a. Colds, measles, mumps, chickenpox, pneumonia
4. Other communicable diseases
  - a. Scarlet fever, diphtheria, tuberculosis, syphilis, gonorrhea, typhoid fever, undulant fever
5. Prevalence of communicable diseases in Michigan in 1942 and 1941.

Cases reported  
to state health  
department

<u>Name</u>	<u>1943</u>	<u>1941</u>
Tuberculosis	5,720	5,371
Typhoid fever	75	147
Diphtheria	242	242
Whooping Cough	11,602	16,512
Scarlet fever	7,503	8,756
Measles	8,569	70,748
Smallpox	17	114
Syphilis	12,461	11,307
Gonorrhea	8,753	8,767

## 6. Cause--germs

- a. Living microscopic organisms
  - (1) Bacteria--microscopic, one-celled plans. Cause diphtheria, tuberculosis, syphilis, gonorrhea, dental caries
  - (2) Protozoa--one-celled animals larger than bacteria. Cause malaria and tropical fevers
  - (3) Filtrable viruses--cannot be seen by most powerful microscope, and filter through porcelain filters. Cause colds, smallpox, measles

Note to teacher: All of these organisms are spoken of by lay people as "germs". They carry on all the processes of life: respiration, nutrition, excretion, and reproduction. They do not usually have power of motion but are carried about in various ways.

## 7. Conditions favorable to the growth of germs

- a. Heat
- b. Moisture
- c. Food
- d. Darkness





## 8. Sources of infection

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- a. Human beings
- b. Animals and insects

## 9. How germs enter the body

- a. Discharge from the nose, throat, bowel, or other body openings

## 10. How germs leave the body

- a. Discharges from the nose, throat, bowel, kidney, discharging wounds

## 11. Incubation period (is the time between the entrance of the germs into the body and when the patient feels sick or ill)

## 12. How germs are spread

- a. Bodily discharges
  - (1) Directly
  - (2) Indirectly (contact, such as towels, cups, etc.)
- b. Carriers (persons who harbor germs within their own bodies but show no signs of disease. Examples: typhoid carrier, tuberculosis, scarlet fever)
- c. Mild or missed cases (persons sometimes have "light" cases of a disease and never seek medical attention. They go about spreading disease. They are called missed cases because they are never diagnosed.)
- d. Contaminated water (bacteria from intestinal tract of humans gets into water supply by seepage or cross-connections. Diseases spread in this way are typhoid fever and cholera.)
- e. Food (spreading diseases such as tuberculosis, scarlet fever, diphtheria, septic sore throat)
- f. Insects
  - (1) Flies--typhoid, dysentery, cholera
  - (2) Fleas--plague
  - (3) Body lice--typhus fever
  - (4) Mosquito--malaria, yellow fever
- g. Animals
  - (1) Rats--plague and typhus fever
  - (2) Rabbits--tularemia
  - (3) Birds--parrot fever
  - (4) Cows--tuberculosis, undulant fever





- a. Immunization
  - (1) Natural immunity
  - (2) Acquired immunity
    - (a) Having the disease
    - (b) Innoculation
      - Smallpox—vaccination
      - Diphtheria—antitoxin
      - Whooping cough—whooping cough vaccination
      - Typhoid fever—typhoid serum
- b. Isolation of cases
- c. Quarantine of cases or carriers
- d. Disinfection (the prevention of germs from leaving the sick room)
  - (1) Concurrent disinfection—that which goes along with the disease
  - (2) Terminal disinfection—that which takes place at the end of the disease

14. Individual responsibility in the control of communicable disease

- a. Securing immunization for self and family
- b. Voluntary isolation until you are sure the disease is not communicable
- c. Reporting communicable diseases to the health department when a doctor is not called
- d. Practising better habits of personal hygiene
- e. Acquiring information about cause, prevention, and control of communicable diseases

Suggested activities

1. Report on the history of the discovery of bacteria.
2. Call on the laboratory of the local hospital or health department to learn more about bacteria. Look at them under the microscope, etc.
3. Trace the history, prevalence, cause, method of spread, and method of control and results of one communicable disease and report to the class.
4. Make a survey of your class and school to determine the number protected against smallpox and diphtheria. If necessary, plan a campaign to eradicate these diseases.
5. Find out the story of "Typhoid Mary" from a bacteriology book or health department.
6. How does your school or community control communicable diseases?
7. Get the statistics from your health department of the mortality and morbidity rate of communicable diseases in Michigan.
8. Have students read some interesting books such as De Kruif's Men Against Death, etc. and give reports in class.
9. Relate this discussion on communicable disease to that in Unit III. Relate to material in the science class also.



## References

Pamphlets on Communicable Disease. Michigan Department of Health.

Living. Rice, T.

Effective Living. Turner and McHose.

Chart. Common Communicable Diseases. Michigan Department of Health.

Stimson, A. M., Medical Director of Public Health Service. The Communicable Disease. Government Printing Office. 1930.

Common Communicable Diseases. Gardner.

### III. The function of the school health program in community health

The school's part in the total health program is to make the students aware of the contributions they should make to the community as they mature in social sensitivity and develop well rounded personalities.

A. How do students become socially sensitive and well rounded personalities?

#### 1. Mental health practices

- a. Keep yourself physically fit through hygienic habits of rest, exercise, diet and cleanliness.
- b. Face your troubles, worries, fears, do what you can about them, then turn your attention to more pleasant things.
- c. Have several absorbing hobbies, interests, social games or sports in which you like to participate.
- d. Guide your impulses and emotions in desirable channels rather than suppress them.
- e. Strive to become a balanced personality instead of an extremist.
- f. Develop a sense of humor; be willing to admit your own mistakes and laugh at yourself.
- g. Have several major goals in the line of your abilities and enjoy working toward them.
- h. Acquire real friends and companions who will share your fortunes and troubles.
- i. Avoid strain; develop serenity; relax all muscles not necessary for the task at hand.
- j. Build the habit of enjoying the present by drinking in the beauties of the world around you.





- k. Be courageous in crises; don't run from them.
- l. Grow daily by creating things yourself rather than being merely a spectator, dreamer and non-producing consumer. There is fun in striving.
- m. Don't be overconscious of your uniqueness. Realize that most of us are ordinary people.
- n. Realize that time heals many wounds; be patient, hopeful.
- o. Seek love, adventure, safety and success-- but be sure it is the kind you will enjoy fully.
- p. Develop your philosophy, know where you stand in relation to your desires, and adjust to the conditions you meet.

### Suggested activities

1. Discuss the preceding practices with illustrations from the experiences of the girls in connection with this course or during their high school life or home life.
2. Have the students write a statement of their philosophy of life. (This helps to clarify their own goal in life. Unless they desire it, this statement need not be discussed in class.)

### References: Teacher

- Adler, Alfred. What Life Should Mean to You. Little, Brown and Co. Chicago.
- Cadigan, Robert. From September till June. D. Appleton Company.
- Levy and Monroe. The Happy Family. Alfred Knopf and Co. New York.
- McKinney. The Psychology of Personal Adjustment. Wiley. New York 1941.
- Rush, Pauline and Fadiman, Clifton. Everyday Problems 5  
The People in the Comics. 5¢ Individual Differences. 10¢  
 Child Study Assn. of America. 221 West 57th Street,  
 New York City. (They will also furnish a complete list of their publications.)

### References: Student

- McLean, Donald. Knowing Yourself and Others. Henry Holt. 1938.
- Health in a Power Age. Charters, Smiley and Strang.
- Effective Living. Turner and McHose.
- Living. Rice.
- Pamphlet. Growing Up in the World Today. Michigan Department of Health.





56.

B. Factual information on "Education of Prevention" necessary for making a contribution to the community. (Health Education)

1. The common cold

a. Prevalence

- (1) Always present
- (2) Greatest number of colds appear in January, February or March

b. Cause

- (1) Filtrable virus
- (2) Predisposing factors
  - (a) Chilling, wet feet and exposure

c. Method of spread

- (1) Directly from one who has it
- (2) Droplets from coughs and sneezes
- (3) Indirectly from unwashed glasses

d. Care of colds--upon recognition of first signs of cold

- (1) Voluntary isolation
- (2) Rest in bed
- (3) Keep warm
- (4) Plenty of fluid
- (5) Call the doctor

Note to teacher: Patent cold remedies should not be taken without a doctor's orders because they sometimes contain drugs that are harmful to the heart and they may be habit forming.

e. Prevention of colds

- (1) Stay away from people with colds
- (2) Keep body as physically fit as possible
- (3) Wear sensible clothes
- (4) Stay at home with a cold

Suggested activities

- 1. Survey your school for number of days absent of students and teachers with colds.
- 2. What are the control measures practiced in your school? Improve existing ones if necessary.
- 3. Study absenteeism in industry in terms of common colds.

References

Living. Rice, T.

Effective Living. Turner and McHose.

Poster. Cover That Sneeze. Michigan Department of Health.

The Communicable Disease. Stimson..



## 2. Tuberculosis

Note to teacher: "In times past and indeed as late as 1910 tuberculosis was the commonest cause of death in the United States. It was known as the 'Captain of the Men of Death'. The death rate in most states in the middle of the last century approximated 300 deaths per 100,000 of population per year. The death rate for Michigan for 1943 was only 33.5 per 100,000. There are several reasons for this decline. Living conditions have enormously improved; the principles of personal hygiene are better understood; the houses that people live in are more healthful; diagnosis is made earlier and treatment is far better. Various agencies such as the Anti-Tuberculosis societies are exerting greater effort to remove from the population the causes of the disease. Nutrition is better than at any previous period in history." 1

All of these factors are helping to beat down tuberculosis but in the time of war the picture may change. There is greater need than ever before to have every young person be informed about the dangers of this "Great White Plague" so as to save them from its clutches.

### a. Prevalence

- (1) The 7th chief cause of death in the U. S. at the present time
- (2) 1,578 died in Michigan during 1942
- (3) First in death among girls and young mothers between 15 and 30 years of age

### b. Persons attacked

- (1) Rich and poor alike (more common among the poor)
- (2) More common in unskilled workmen than in white collar workers
- (3) Common among certain trade workers as stone cutters, granite workers, cotton mills, tobacco workers
- (4) Persons living in bad housing, poor food, and overcrowded conditions

### c. Causes - microscopic organisms called tubercle bacillus

- (1) Highly contagious
- (2) Persistent to drying and freezing (can live long time in poorly ventilated place)
- (3) Dies in a few minutes in boiling water and after a few hours of sunshine and fresh air

### d. Method of spread

- (1) Directly from someone who has it
- (2) Not hereditary

### e. Symptoms that warrant attention of a physician

- (1) Excessive fatigue. Lack of pep without apparent cause in one who is usually alert and active
- (2) Loss of weight, poor appetite and indigestion
- (3) Afternoon temperature and night sweats
- (4) A hacking cough that hangs on





## f. How can doctors tell if you have tuberculosis?

- (1) History
- (2) Examination
- (3) Tuberculin test
- (4) X-ray
- (5) Sputum test

## g. Treatment

- (1) Rest in bed with good food
- (2) Medical and surgical treatment
- (3) Good nursing care

## h. Best places for treatment - sanatorium

## i. Prevention

- (1) Education
- (2) Finding cases early
- (3) Following up all contacts with the case
- (4) Maintain good general health

- Suggested Activities
1. Have the health officer or nurse consultant discuss and answer the questions on tuberculosis.
  2. Find out about the Christmas seal program in your community.
  3. Promote a case finding program in your school.

### References

Film Lucy X. Michigan Tuberculosis Association, Lansing.  
Sound, 16 mm. 20 min.

Pamphlet. What is Tuberculosis? Michigan Tuberculosis Assoc.

Pamphlet. If it Happened to You. Michigan Tuberculosis Assoc.

Pamphlet. What You Should Know About Tuberculosis. Michigan Tuberculosis Association. 1938.

Leaflet. The Sanatorium and You. Michigan Department of Health.

Living. Rice, T.

The Communicable Disease. Stimson.

## 3. Syphilis

Note to teacher: This disease is one of the biggest of our public health problems. Reported cases of communicable disease in Michigan indicate that syphilis is the most common of the major communicable diseases. The disease occurs in from 5 to 10% of the entire population of the United States. Approximately one million new cases of the disease occur annually in the U. S. A.

## a. Prevalence

1. 5-10% total population of U.S.A. are infected.
2. Michigan 1942 - 12,461 cases reported
3. 60,000 babies born annually with congenital syphilis in the U. S. A.

THE SECRETARY OF THE  
TREASURY  
WASHINGTON, D. C.  
JAN 10 1900

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 8th inst.

concerning the matter of the

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Your obedient servant,  
J. M. Smith

Very truly yours,

Enclosed for you are the following documents:

1. A copy of the report of the Committee on the subject of the proposed amendment to the Constitution.

2. A copy of the report of the Committee on the subject of the proposed amendment to the Constitution.

3. A copy of the report of the Committee on the subject of the proposed amendment to the Constitution.



- b. Persons attacked - no respect for age, sex, or social class
- c. Cause - germ called spirochaete pallida, a spiral shaped organism that looks like a spiral spring
  - (1) Fragile - dies quickly in external environment
  - (2) Desirable environment in the body - warmth and moisture
- d. Method of spread
  - (1) Intimate body contact with an infected person - nearly all infections transmitted by sexual relations - uncommonly by kissing.
  - (2) Pregnant women with syphilis may give it to their unborn children.
  - (3) Indirect contact such as towels, toilet seats, pipe stems etc. is extremely rare.
- e. Congenital syphilis
  - (1) Pregnant women with syphilis transmit it to the unborn child unless treated during pregnancy.
    - (a) If untreated many babies are born dead
    - (b) If babies are born alive, many die during infancy
    - (c) Those babies surviving may be born with defective bodies, blindness or deafness.
  - (2) First prenatal visit doctor should take blood for the test.
- f. Signs which warrant attention by the physician
  - (1) Chancre - local sore at point of contact with infection. It may be a red spot, blister, pimple or ulcer of good size; usually hard; feels like a button.
    - (a) Appears 12-40 days after exposure
    - (b) Disappears without treatment
    - (c) Painful - may or may not be syphilis
    - (d) Syphilis, "the great disease" may be confused with a cold sore - very infectious.

Note to teacher: Germs of disease are in the blood stream at this stage but treatment begun at this point offers a much higher percentage of cure than when it is begun at a later time.

- (2) Rash - may resemble measles or chickenpox
  - (a) Often mild - may go unnoticed
  - (b) Disappears without treatment
  - (c) Very contagious - moist skin eruption

Note to teacher: This is called the secondary state of syphilis. It begins to appear when the chancre disappears and the infection is now spreading to the entire body. There are two other stages of syphilis which appear from two to twenty years later and will not be discussed here.

- g. Consequences of untreated syphilis
  - (1) Causes 15% of all blindness in U. S.
  - (2) Causes 10% of insanity in U. S.
  - (3) Cause of a large number of diseases of the heart and blood vessels.



## h. Treatment

- (1) With early and adequate treatment none of the consequences develop
- (2) Eighteen months to years of treatment may be required. There is, however, a new five day method being used but the permanent results have not been determined.
- (3) Adequate treatment from competent physicians only
- (4) Self treatment and quacks worse than useless

## i. Prevention

- (1) Education
- (2) Marriage laws
- (3) Routine blood examination on all prenatals and hospital cases and doctors' patients
- (4) Free diagnostic and treatment clinics for indigents

Note: Syphilis is a serious problem today and may be dealt with intelligently. Explore the field as far as the needs of the group will warrant or will allow. Stress the fact that syphilis is a communicable disease. Use local doctors or health officers plus the nurse and other members of your planning committee. Plan presentation of this topic very carefully.

Suggested  
Activities

1. Show the films listed below from the Michigan Department of Health. Preview the films yourself before showing to students. Prepare the students for the film and plan a follow-up.
2. Ask nurse or doctor to discuss the disease and its public health aspects. Stress the public health aspects of the disease. Be direct and straight-forward. Don't suggest that the disease carries no social stigma and don't over-do the horror aspects of the disease.
3. Observe taking of blood and the processes involved in the serological tests.
4. Relate discussion to material on Maternal Health, Marriage Laws, etc. in Unit III.

References

Living. Rice

Effective Living. Turner and McHose

\*Stimson, A. M. The Communicable Diseases. U. S. Public Health Service, Washington, D. C. 1939.

Bulletin. Michigan Public Health. Michigan Department of Health Vol. 28, No. 1, January 1940. page 7.

Bulletin. Michigan Public Health. Vol. 31, No. 2.

Pamphlet. Treatment of Syphilis. Michigan Department of Health.

Leaflet. Syphilis in Your Town. U. S. Public Health Service, Folder No. 2.





Leaflet. Are You Being Played for a Sucker? Folder No. 6,  
U. S. Public Health Service.

Leaflet. Venereal Diseases and National Defense. Folder No. 7.  
U. S. Public Health Service.

Leaflet. Our Family is Having Their Blood Tests Like Thousands  
of Others. Michigan Department of Health.

Film. Health is a Victory. (Gonorrhea) 10 min. Sound 16 mm.  
Michigan Department of Health.

Film. With These Weapons. Michigan Department of Health.  
11 min. Sound. 16mm.

Film. Syphilis - Its Nature, Prevention, and Treatment.  
Michigan Department of Health. 30 min. Silent. 16 mm.





#### 4. Alcohol, drugs and patent medicines

Note to teacher: "The individual should be fortified by the knowledge of scientifically determined facts on the physiological effect of alcohol, tobacco and narcotics."<sup>1</sup> It is the problem within this unit to help that individual learn these facts so that he can steer his own course in the complexities of daily social living.

##### a. Alcohol

- (1) What is it?
- (2) Why do people drink it? (for a mistaken sense of escape from troubles or failures)
- (3) What becomes of alcohol when it is taken into the body?
- (4) What effect does it have on the body?
- (5) Dangers of chronic alcoholism
- (6) Alcohol and crime
- (7) Alcohol and traffic accidents

##### b. Tobacco, drugs and patent medicines

- (1) What are nicotine and narcotics?
- (2) What is a patent medicine?
- (3) Costs
  - (a) Money spent each year by users
  - (b) Money spent each year by advertisements, radio, papers, etc.
- (4) Dangers in use
- (5) Habit forming drugs
- (6) Food and drug legislation
- (7) Doctoring yourself vs. doctor's prescription
- (8) Laws regarding use by minors

#### Suggested activities

1. Visit the traffic court to learn the number of accidents caused by intoxicated drivers
2. Clip from local papers the items reported on alcohol and crime.
3. Plan a campaign for the education of the community (and families) on patent medicines.
4. Find out the superstitions that are believed in your community and prove them to be unscientific.

#### References

Bulletin No. 316. Temperance Education. State Department of Public Instruction. 1942.

Bulletin No. 317. Alcohol, Science, and Adults. State Department of Public Instruction. 1941.

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<sup>1</sup>. Temperance Education. Bulletin No. 316. Department of Public Instruction. 1942. p.5



Haggard, Howard W., Devils, Drugs, and Doctors.  
Halcyon House. New York. 1929.

Living. Rice.

Health in a Power Age. Charters, Smiley and Strang.

Being Alive. Brownell, Williams, Hughes.

Health Problems and How to Solve Them. Brownell,  
Williams, Hughes.

\*Clark, Blake. Lifting the Cigarette Ad Smoke Screen.  
Readers Digest. July 1943.

## 5. Industrial Health

Note to teacher: "Industrial Hygiene deals with the welfare of people at their work. At every turn it meets important social and economic problems as well as medical and engineering problems. Its aim is to protect the health of the worker."<sup>1</sup>

### a. Occupational hazards

- (1) Specific of a particular occupation--  
mining, lumbering, railroading, factories,  
aviation, policemen, foundaries.
- (2) Poor general hygienic conditions
- (3) Mental conditions

### b. Protection for the employees

- (1) Medical service
  - (a) Health examinations on entrance
  - (b) Periodic health examination
  - (c) First aid treatment
- (2) Good working conditions
  - (a) Lighting
  - (b) Ventilation, air free from dust, etc.
  - (c) Hours of labor
  - (d) Good lunch rooms
  - (e) Mental condition-security in job
  - (f) Mechanical safety devices

### c. Child labor laws

### d. Workman's compensation laws

### Suggested activities

1. Survey the community for its industries and their occupational hazards.
2. Find out what protection is provided for the workers in your community.

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<sup>1</sup>. Charters, Smiley and Strang. Health in the Power Age. Macmillan Company. New York. 1941. p. 163.





## C. Healthful School Environment

Note to teacher: The school contributes favorably or unfavorably to the development of its students by the provision of healthful surroundings and the provision of healthy, happy, well adjusted school personnel.

### 1. Environmental sanitation

- a. Lighting--adequate--natural and artificial
- b. Ventilation
- c. Heating--effective and uniform
- d. Sanitary provision for
  - (1) Handwashing
  - (2) Drinking
  - (3) Toilets
  - (4) Building clean and attractive
- e. Recreational facilities
  - (1) Shower
  - (2) Lockers
  - (3) Dressing rooms
- f. Fire protection
- g. Equipment
  - (1) Comfortable
  - (2) Adjusted to individual needs
  - (3) Prevents fatigue and encourages good posture

### 2. Healthful school program

- a. Length of school day
- b. Periods for relaxation and rest
- c. Excessive demands on students for classwork preparation
- d. Freedom from strain and tension
- e. Lunch period
  - (1) Length
  - (2) Environment
  - (3) Social practices

### 3. Health of personnel--teachers, administrators, students, custodian

- a. Provision for health examination
- b. Sick leave
- c. Daily schedule





Suggested  
Activities

1. Make a sanitary survey of your building, using the form on page 10 of Bulletin No. 321, Health Services in Schools, Department of Public Instruction, with the help of your county health department, sanitarian, county commissioner, or the school administrator.
2. Analyze the school day program as to the points listed in the problem studied.
3. Determine what you can do to improve the health conditions in your school.
4. Give the various health inventories included in the Appendix and study the items relating to this Unit.

References.

Effective Living. Turner and McHose

Bulletin No. 323. Wartime Health Education Program for Secondary Schools. Department of Public Instruction. 1942.

Twentieth Yearbook. Health in Schools. American Association of School Administrators. February 1942.

Bulletin No. 321. Health Service in Schools. Department of Public Instruction.

Blount, Ralph. The Science of Everyday Health. Allyn & Bacon.

Burkhard, W. E., Chamber, R. L. and Maroney, F. W. Health and Human Welfare. Lyons and Carnahan, Chicago, Ill. 1944.

Barnett R. Will. To Live in Health. Silver Burdett Co., New York City. 1944.

Note to Teacher: Remember to relate materials in this Unit to the content in Science and Social Studies classes. Ask the teachers of these classes to contribute. The school custodian and principal could also contribute, especially on healthful school environment.

<u>Topic</u>	<u>Agency Assistance</u>
<u>Examples of How Community Agencies Can Assist</u>	
1. Local, state and federal health agencies; service clubs.	<u>Each agency</u> makes its functions clear to class. The class or committees of students may visit each agency; a guest speaker may appear before the class; individual students may make field visits with agency workers; students may assist agencies.
2. Environmental problems; sanitation; communicable diseases; mental health; colds; tuberculosis; syphilis; alcohol and drugs; industrial health.	
3. School health program.	
	<u>Health Department Sanitarian and Director.</u> Films from state health department; field visits; class

The first part of the study was a literature review. This was followed by a series of experiments designed to test the hypotheses. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections.

The second part of the study was a series of experiments designed to test the hypotheses. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections.

The third part of the study was a series of experiments designed to test the hypotheses. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections.

The fourth part of the study was a series of experiments designed to test the hypotheses. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections.

The fifth part of the study was a series of experiments designed to test the hypotheses. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections. The first experiment was a pilot study. This was followed by three main experiments. The results of these experiments are presented in the following sections.

action to correct home and community sanitation problems; school sanitary survey; communicable diseases, cause, spread, control. Include tuberculosis, syphilis; demonstrate taking blood for Kahn.

Child Guidance Center: Mental and emotional health.

Tuberculosis Ass'n.: Cause; spread; control; treatment of tuberculosis. Films; pamphlets. Occupational therapy. Rehabilitation.

Local Veterinarian re: Tuberculosis and Bangs Disease.

Local Industries: Visit medical service or obtain speaker

School: Health Service personnel assist on all of above. Custodian on environment; principal and teachers.





When Illness Comes

- Content I. The sick room  
of Unit II. Bed making  
III. Care of the patient  
IV. Diets for the sick  
\*V. Diet in relation to deficiency diseases (May include in Unit III)  
VI. Giving medicine by mouth  
\*VII. Simple treatment ordered by family physician  
VIII. Care in the home of a patient with a communicable disease  
\*IX. Care of the convalescent and the aged  
X. First aid for common accidents and common ailments

- Subject I. The sick room  
Matter
- A. Factors to be considered in the selection of the room.
1. Sunshine and lighting
  2. Ventilation
  3. Heating
  4. Location to the bathroom, odors, noises, etc.
  5. Room where patient can be alone
  6. Walls, ceiling, floor covering
- B. Essential equipment
1. Bed -- type, size, height
  2. Mattress -- types
  3. Pillows
  4. Table
  5. Chest of drawers
  6. Chairs
  7. Screens
  8. Curtains
- C. Cleanliness
1. Importance of cleanliness in the sick room
  2. Procedure to be used in cleaning

- Suggested  
Activities
1. Make a diagram of your own room converted into a sick room, making the necessary changes.
  2. Investigate the room to care for the sick at school -- for boys, girls, and teachers.
  3. Visit the hospital to see the arrangement of a patient's room. Note walls, equipment, floors, etc.
  4. Observe the daily care of the sick room in the hospital.
  5. Use cooperating nurse in making arrangements

References

Trott, Lona L. Red Cross Home Nursing. Material on Nursing Skills in Appendix.

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\* May be omitted if time is limited and no hospital experience is available for students.

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1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

## II. Bed Making

### A. Empty bed

1. Open bed
2. Closed bed

The bed is one of the most important pieces of furniture of the household. It should be selected with two things in mind (1) sleep and rest, and (2) service during illness. Certain objectives should be kept in mind when making the bed.

- a. To provide for comfort and rest during illness or sleep
  - b. To have the bed firm, with sheets, blankets, and spreads tucked in well.
  - c. To have the bed clean, neat, and attractive looking after making
3. Equipment for protecting the mattress
    - a. Mattress cover--purpose
    - b. Mattress pad--substitute blankets
  4. Equipment for making bed
    - a. Sheets--kind, size, costs
    - b. Pillow cases--kind size, costs
    - c. Blankets--kind, size, costs
    - d. Bedspreads--kind
  5. Importance of getting all articles ready first
  6. Linen cupboards--care of, etc.

### Suggested activities

1. Have the nurse demonstrate making an empty bed and then have each student return the demonstration to nurse or teacher or other students.
2. Have students practice making beds, removing linen, and turning mattresses. This may be done at school, hospital, or home.
3. Visit hospital and observe bed making.
4. Visit hospital and observe care of linen, place of storage, arrangements of sheets, pillow cases, etc., in the cupboards.

### References

Deking and Thompson. Simplified Nursing. B. Lippincott Company. Philadelphia. 1941.

Trott. Red Cross Home Nursing.





## B. Occupied bed

1. Collecting the equipment
2. Foundation sheet--purpose
3. Rubber sheet--purpose and care
4. Draw sheet--purpose
5. Top sheet with box pleat
6. Techniques to be developed
  - a. Loosening the bed clothing properly
  - b. Removal of pillows
  - c. Removal of linen without lifting the patient
  - d. Prevention of unnecessary exposure of the patient
  - e. Making the bed free from wrinkles
  - f. Using the top sheet as a draw sheet
  - g. Avoiding uncomfortably tight covers

- Suggested Activities
1. Have students practice making an empty bed. This may be done at school, hospital or home.
  2. Have students practice removal and replacement of draw sheet without making the entire bed.
  3. Visit the hospital and observe the nurse making an occupied bed for various kinds of patients.

References

Simplified Nursing. Dakin and Thompson.

Red Cross Home Nursing. Trott. (High School Edition)

Note to Teacher and Nurse: The material on "Nursing Skills" in the Appendix and the "Suggestions for the Cooperating Nurse" on page 9 will be especially helpful for the items on bed making, care of the patient, and diets for the sick.



## C. Cleansing the Bed

70.

### 1. Equipment necessary

- a. Newspaper
- b. Basin warm water
- c. Soap
- d. Whisk broom
- e. Dry cloths
- f. Soiled linen receptacle

2. Discuss purpose of cleaning mattress and airing.
3. Discuss purpose of brushing pillows
4. Discuss necessity for washing rubber sheet
5. Discuss care of rubber sheet
6. Discuss purpose of washing bed frame and springs

### Suggested activities

1. Have students practice cleaning and airing mattress and pillows. This may be done at home, school, or hospital.
2. Have students practice washing rubber sheets.
3. Visit hospital and observe methods used in cleaning bed, mattress, rubber sheets, pillows, etc.

### References

Simplified Nursing. Dakin and Thompson.

Red Cross Home Nursing. Trott.





### III. Care of the patient

#### A. Signs of illness

1. Temperature, pulse, and respiration
2. Visible by any person
  - a. Temperature, pulse and respiration
  - b. Skin
  - c. Facial expression
  - d. Eyes
  - e. Nose
  - f. Ears
  - g. Voice
  - h. Mouth and teeth
  - i. Cough
  - j. Vomitis
  - k. Feces
  - l. Urine
  - m. Sleep
  - n. Mental attitude
3. Invisible
  - a. Pain
  - b. Fatigue
  - c. Nausea
  - d. Dizziness

#### B. When to call a physician

#### C. Home attendant

1. Selection of and responsibilities
2. Responsibility of doctor
3. Responsibility to herself

#### D. Attitude of family toward illness

#### Suggested activities

1. Have students practice taking temperature, pulse and respiration.
2. Have students make a chart for home use and record T. P. R.
3. Observe, if possible, the admitting station at the hospital.
4. Observe the school nurse, her methods in detecting sick children, excluding them from school.
5. Survey the nursing services rendered to the sick in the neighborhood. (Mother, public health nurse, visiting nurse, registered nurse in private duty or nurse aide.)



## E. Daily care of the patient

### 1. Care before breakfast

- a. Giving and removing bedpan
- b. Taking T. P. R.
- c. Wash the face and hands and arrange hair
- d. Care of the mouth
- e. Straightening the bed

### 2. The bed bath

- a. Purpose
- b. Equipment needed and assembling, including the room temperature, drafts, etc.
- c. Procedure
- d. Use of alcohol backrub
- e. Clothing for the patient--hospital gown vs. pajamas

### 3. Care of mouth and teeth

### 4. Care of the hair and scalp

### 5. Care of the skin

- a. Reasons
- b. Areas where pressure sores develop
- c. Causes of pressure sores
- d. Symptoms of pressure sores
- e. Treatment of skin at the first sign of redness or discoloration due to pressure
- f. Prevention of pressure sores

### 6. Assisting with tub bath

### 7. Preparation for the night

### 8. Visitors

- a. Time of day
- b. Length of visit
- c. Responsibility of the visitors

## Suggested activities

1. Have the students practice giving and removing and cleaning the bedpan.
2. Have the students improvise bedpans.
3. Have the students practice on each other 'care before breakfast.
4. Have the students practice the bed bath. (Every student should have the opportunity to give and receive a bed bath.)
5. Have students set up the tray and give care of mouth and teeth.
6. Have students practice care of hair and scalp.
7. Have students improvise equipment to prevent pressure sores.
8. Observe use of rubber rings in hospitals.



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9. If possible, see patients in hospital with early signs of pressure sores, and observe method of prevention.
10. Make a home visit with the visiting nurse and observe the care of the sick. Find out the costs in securing services.
11. Plan a 24 hour day for the patient.
12. List some of problems involved and responsibilities of family members in case of illness in the home.
13. Investigate rules for visitors in local hospitals.



F. Means used to make patient comfortable

74.

1. Turning the patient
  - a. Toward you
  - b. Away from you
  - c. Change of position for comfort
2. Arranging pillows
  - a. Removal
  - b. Replacement
  - c. To give support and comfort to the patient
3. Use of the back rest
4. Improvised back rest
5. Lifting the patient in bed--pulling the mattress to the head of the bed.
6. Devices to prevent sliding down in bed
7. Supports for bed clothes--to protect an injured part or to prevent pressure
8. The bed table--improvised bed tables
9. Elevation of the bed
10. Making and using paper receptacles for soiled tissue

Suggested activities

1. Have students practice:
  - a. Turning the patient
  - b. Removing pillows
  - c. Replacing pillows
  - d. Supporting body parts
  - e. Improvising back rests
  - f. Lifting the patient in bed
  - g. Pulling mattress to the head of the bed
  - h. Use of devices to prevent patient from sliding down in bed
  - i. Use of devices to support the bed clothes
  - j. Use of devices to prevent pressure
  - k. Improvising bed tables
  - l. Use of bed blocks
2. Observe the nurse in the hospital performing all of the above services.
3. Compare the modern hospital bed with its mechanical devices to the bed in the home.
4. Have students practice making paper bags for use of soiled tissues.

References

Simplified Nursing. Dakin and Thompson.

Red Cross Home Nursing. Trott.

Flexner, James T. Doctors on Horseback. The Viking Press. New York. 1937.





Anderson, D.; Baylous, Margaret. When Doctors are Rationed.

Olson, Lila M. Improvised Equipment in the Home Care of the Sick.

Important Note to Teacher and Nurse: If the girls in your Community Health Service Project are to have hospital experience this Unit should be presented as the second or third one so they might become prepared fairly early in the semester. Orientation to the hospital experience is very important if that experience is to be meaningful to the students and of value to the hospital. An understanding of nursing ethics should be stressed as well as the amount and kind of assistance to be given to the hospital by the students should be carefully defined ahead of time and a plan for the supervision of that experience by nurses developed. The service students give to the hospitals should be educational to the student.

If no hospital experience is available, the information contained in this Unit may be studied later. Knowledge and training in the home care of the sick are necessary not only for service in the hospitals, but also for efficiency in the home.

Remember that opportunities for service are not limited to the hospital. High school girls can (1) cooperate in the maintenance of family health by relaying health information and rendering care to the sick in the home, (2) render assistance to the local health agencies such as child clinics, baby clinics, Red Cross, physicians' or dentists' offices, and by assisting with the total school health program.



#### IV. Diets for the sick

76.

- A. The doctor's responsibility for prescribing the proper diet
- B. The home attendant's responsibility to carry through the orders
- C. Liquid diet
  - 1. Purpose
  - 2. Nutritive value
  - 3. Frequency of feeding
  - 4. When it is given
  - 5. What it includes
  - 6. Comparison with a regular diet
- D. Soft diet
  - 1. Purpose
  - 2. When it is given
  - 3. What it includes
  - 4. Comparison with a liquid diet
  - 5. Frequency of feeding
- E. Light diet
  - 1. When given
  - 2. What it includes
  - 3. Compare with the soft diet in nutritive value
- F. Supplementary refreshments
  - 1. Purpose
  - 2. Kinds
  - 3. Serving
- G. Preparing and serving the food
  - 1. Well cooked, palatable foods
  - 2. Color and attractiveness
  - 3. Element of surprise
  - 4. Dainty dishes
- H. Improvised bed trays
- I. Feeding a helpless patient
  - 1. Use of drinking tubes
  - 2. Techniques in feeding
- J. Recording the amount and kinds of food taken





Suggested  
activities

1. Have students obtain from the hospital outlines of the various types of diets as liquid, soft, and light.
2. Have students ask Home Economics Departments to participate in preparation and serving of each of these diets.
3. Have students feed a volunteer helpless patient in class.
4. Have students observe the nurses in the hospitals serving the trays and feeding the patients.
5. Have students observe the preparation of regular and special diets in the hospital kitchens.
6. Make arrangements to have students help serve the trays and feed helpless patients in the hospital, if possible.

References

Harris and Lacey. Everyday Foods. Houghton Mifflin and Company. Boston. 1941.

Red Cross Home Nursing. Trott.

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*[Faint handwritten notes]*

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0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

## II. Diet in relation to deficiency diseases.\*

### A. Causes of deficiency diseases

1. Lack of proper kinds and amounts of food
2. Poor eating habits
3. Economic reasons
4. Unobtainable--for example, war ,

### B. Diseases resulting from deficiency diet

#### 1. Rickets

- a. Cause
- b. Symptoms
- c. Prevention

#### 2. Scurvy

- a. Cause
- b. Symptoms
- c. Prevention

#### 3. Pellagra

- a. Cause
- b. Symptoms
- c. Prevention

#### 4. Night blindness

- a. Cause
- b. Symptoms
- c. Prevention

### C. Review the adequate diet

#### Suggested activities

1. Examine pictures of animals fed on inadequate diet.
2. Run a rat experiment on a deficiency diet. Cooperate with Home Economics Department.

#### References

Roberts, L. J. Nutrition Work with Children. University of Chicago Press. Revised Edition. 1935.

Everyday Foods. Harris and Lacey.

Red Cross Home Nursing. Trott.

Rose, Mary S. Feeding the Family. Macmillan Company. New York. 1929.

\*This topic may be included in Unit III or omitted if time is limited.





## VI. Giving medicines by mouth

79.

- A. Types of medicines given by mouth
- B. Doctor's instruction for giving
  - 1. Amount
  - 2. Time to give
  - 3. Frequency
- C. Equipment needed for giving
- D. Procedure
- E. Making medicine more palatable
- F. Precautions in care and use of medicine
- G. Care of equipment

### Suggested activities

1. Have students bring labels from medicine prescribed by a doctor to find out the directions to the home attendant.
2. Have students investigate the meaning of the numbers on the labels of the bottles by visiting the drug store where the prescription was filled. Find out if it can be refilled.
3. Visit a drug store and find out what a pharmacist does with his prescriptions. Find out who is qualified to write a prescription.
4. Inquire about the training of the pharmacists and possibilities in that field. (Relate to Unit VI.)
5. Get a prescription blank from your family physician. Why does it have an RX on it?
6. Visit the local hospital to observe:
  - a. Doctor's orders for a patient.
  - b. The meticulous care with which the nurse measures the medicine.
  - c. The giving of the medicine.
  - d. What attention is given to narcotics?

### References

Red Cross Home Nursing. Trott.



VII. Simple treatment ordered by family physician \*

A. Enema

1. Purpose
2. Kinds
3. Amount of fluids for adults and children
4. Equipment necessary
5. Procedure
6. Care of equipment

B. Hot water bottle

1. Purpose
2. Equipment necessary
3. Substitutes
4. When to give
5. Procedure for filling
6. Prevention of burns
7. How to care for the equipment

C. Electric pad--care in applying

D. Hot compresses--definition

1. Purpose
2. Kinds of solutions used
3. Equipment and its use
4. Procedure for making and applying
5. Frequency of changing the compress
6. Precautions against burning

E. Ice bag

1. Purpose
2. Equipment necessary
3. Substitutes
4. Procedure for filling and giving
5. Care of equipment

F. Cold compresses

1. Purpose
2. Equipment necessary
3. Care of equipment

G. Inhalations - definitions

1. Purpose
2. Equipment
3. Procedure in administering the inhalations with kettle, percolator or pitcher
4. Protection from drafts





Suggested activities

1. Have the students practice setting up the tray and preparing the patient for the cleansing enema.
2. Have the students practice care of equipment.
3. Have the students practice filling and applying hot water bottle and care of equipment.
4. Have the nurse demonstrate the making and applying of hot compresses, electric pad, ice bag, and cold compresses.
5. Visit the hospital to observe (a) the use of all these various treatments, (b) who orders these treatments, and (c) how these orders are given.
6. Record all treatments on the chart.

References

Simplified Nursing. Dakin and Thompson.

Improvised Equipment in the Home Care of the Sick. Olson.

Red Cross Home Nursing. Trott.



# VIII. Care in the home of a patient with a communicable disease

- A. Definition of a communicable disease
- B. Common communicable diseases.
- C. Most common method of spread (person to person)
- D. Isolation
  - 1. What it is
  - 2. Its purpose
- E. Quarantine
  - 1. What it is
  - 2. Its purpose
- F. Family adjustment to communicable disease in the home.
- G. Care of a communicable disease patient in the home.
  - 1. Isolation
  - 2. Preparation of the room
  - 3. Equipment necessary, including gown for attendant, hand washing facilities, etc.
  - 4. Care of soiled dishes, garbage
  - 5. Care of soiled linen
  - 6. Care of bath water
  - 7. Care of nose and throat discharges
  - 8. Care of bowel and bladder discharges
  - 9. Care in handling articles in the sick room to prevent contamination
  - 10. Care of the floors and furniture
- H. Precautions for the home attendant
  - 1. Gown
    - a. Purpose
    - b. Type of gown to wear
    - c. Frequency of change
    - d. Where to wear
    - e. Method of putting it on and taking it off
    - f. Where to keep the gown
  - 2. Hand washing
    - a. Purpose
    - b. Equipment necessary
    - c. Place for hand washing equipment
    - d. Frequency of washing
- I. Disinfection after illness is over
  - 1. Preparation of patient to end isolation
    - a. Give complete bath





- b. Clean mouth and teeth thoroughly
- c. Wash hair
- d. Dress in fresh, clean clothes outside of the room.

## 2. Cleaning the room

- a. Wash with soap and water all articles that can be so treated without injury, such as furniture, bed, floors, and walls. Expose blankets, quilts, mattress, and pillows to direct sunlight. Air and sun the room and all articles handled by the patient.

### Suggested activities

1. Have nurse demonstrate the procedure of putting on and taking off the gown to protect her clothes in caring for the communicable disease patient.
2. Have nurse demonstrate care of hands in a communicable disease case.
3. Have nurse demonstrate the disposal of nose and throat discharges, waste food, and the care of dishes.
4. Have a nurse demonstrate the use of squares of paper as a protection against contamination in handling clean articles.
5. Have students practice all the above demonstrations.

### References

Pamphlet. Home Care of the Communicable Disease Patient.

Red Cross Home Nursing. Trott.

Simplified Nursing. Dakin and Thompson

Michigan Department of Health. Public Health Nursing Manual.



## IX. Care of the convalescent and aged \*

- A. Definition of convalescence
- B. Problems in connection with convalescence
  1. Length of convalescence
  2. Security in home environment
  3. Prevention of overexertion
  4. Emotional control
- C. Aids to recovery
  1. Nourishing, appetizing, attractive, easily digested food
  2. Pleasant surroundings
  3. Interest in personal appearance
  4. Development of hobbies (see diversions for the sick)
  5. Planned periods for rest and sleep
- D. Getting the patient into a chair
  1. Doctor's recommendation as to length of time, etc.
  2. Equipment necessary
  3. Procedures for putting a patient into a chair
  4. Procedures for putting patient back to bed
- E. Giving the tub bath
  1. Length of time required
  2. Preparation of the room
  3. Collection of equipment
  4. Procedure
  5. Assuming full responsibility for his own bath
- F. Going out of doors
- G. Diversions for the sick
  1. Selection of project to suit the individual's limited capacity, starting with simple projects and gradually more difficult ones
  2. Hobbies to use up surplus energy and interest
- H. Preparing patient to return to normal living--possible need for rehabilitation
- I. Care of aged
  1. Requirement of simple food
  2. Care similar to that of caring for children





- c. Warm bed clothing
- d. Increased circulation by warm foot baths and rubs
- e. Elimination
- f. Accident prevention
- g. Mental changes

Suggested activities

1. Have nurse demonstrate getting a patient into a chair and back into bed.
2. Have students practice this demonstration.
3. Make a toy or start a project that may be used for the entertainment of the convalescent.
4. Visit the convalescent ward in the hospital, if possible, or a convalescent home.
5. Find out what activities are provided for the convalescent
6. Visit the occupational therapy department of a hospital.
7. Visit a convalescent or aged in your community and plan some activity or project for them.

References

Simplified Nursing. Dakin and Thompson.

Hospital Library. Hygeia. January, 1942.

Red Cross Home Nursing. Trott.



## X. First aid for common accidents and common ailments\*

### A. Definition

1. What is first aid?
2. What are its limitations?

### B. Equipment necessary for first aid in the home

### C. The use of such equipment in the home

1. Antiseptics
2. Stimulants
3. Laxatives
4. Vaseline
5. Burn applications
6. Applicators
7. Bandage
8. Gauze squares
9. Adhesive tape
10. Absorbent cotton
11. Thermometer
12. Medicine glass
13. Medicine dropper

### D. Common accidents in the home, and first aid treatment

1. Burns
2. Poisons
3. Suffocations
4. Shocks
5. Bites of animals
6. Cuts and scratches
7. Foreign bodies in the eye, ear, nose, and throat
8. Splinters
9. Sunburn

### E. Common ailments, their cause and first aid treatment

1. Headache
2. Toothache
3. Stomach ache
4. Earache
5. Fainting
6. Menstrual pain
7. Nose bleed
8. Frozen ears and hands
9. Indigestion

### F. When to call the family physician

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\*This topic may be related to the American Red Cross Study of first aid.





- Suggested 1. Have the students check the first aid equipment at home.  
Activities 2. Have the student make the necessary changes in the first aid cabinet.  
 3. Have students check newspaper for home accidents, where they occur, and what first aid should have been rendered.  
 4. Have students report on own home accidents and ways they might have prevented them.  
 5. Have students visit the hospital, if possible, and observe the various types of emergency cases brought in, and consult hospital officials as to the most common type of accidents they are called upon to handle.  
 6. Have students find out the part the police department, health department, and hospital play in public health problem of the control of rabies and the "biting dog".

### References

Clemenson, Williams, Laporte, and Welham. Your Health and Safety.

Simplified Nursing. Dakin and Thompson.

Red Cross Home Nursing. Trott.

Film. Care of Minor Wounds and Minor Bleeding. 16mm. 15 min. Silent. Michigan Department of Health. (return postage necessary).

Film. Help Wanted. 16 mm. 40 min. Sound. Michigan Department of Health. (return postage necessary).

American Red Cross. First Aid Manual.

Fishbein, and Irwin. First Aid.

	<u>Topic</u>	<u>Agency Assistance</u>
<u>Example</u>	a. Sick room	<u>School:</u> room for care of sick at school. Exclusion procedures. Home
<u>of How</u>	b. Bed making	Economics teacher - diet for sick.
<u>Community</u>	c. Care of Patient	First aid supplies and their use.
<u>Agencies</u>	d. Diet for sick	<u>Hospital:</u> observe daily care of
<u>May</u>	e. Medications	sickroom; room arrangement; equip-
<u>Assist</u>	f. Communicable disease care	ment. Use of nursing arts labora-
	g. Convalescent and aged	tory for demonstration and class
	h. First aid.	practice. Students assist with
		care of patients.
		<u>Home:</u> Use of bedrooms, kitchen,
		bathroom for demonstration of les-
		sons.
		<u>Visiting Nurse:</u> Class representa-
		tive observe home care of sick.
		Care of aged and chronic patients.
		<u>Local Chapter American Red Cross:</u>
		Equipment for home care of sick;
		film on first aid.
		<u>Drug Store:</u> Prescriptions, pharma-
		cists; rules regarding narcotics.
		<u>Health Department:</u> Home care of the
		communicable disease patient.



## Unit VI

## Health Professions

Content  
of unit

- I. Nursing
- II. Nutrition
- III. Laboratory Work
- VI. Medicine
- V. Dentistry
- VI. Other Related Fields

Statement  
of problem

Through this Project you have had an opportunity to observe and participate in the various health service agencies in your community. You have learned that many health professions are necessary to the functioning of these agencies. Perhaps one or more of these professions may have appealed to you as a vocation. Before you make a choice you will want to know the requirements, opportunities, and future in the field. Each is essential and important to the maintenance of family and community health and the opportunities are unlimited for service. This is especially true because of the war, but their importance will increase in the postwar era because of the universal plans for better community, state, and national health programs.

## I. Nursing

Subject  
matter

- A. Meaning of the term professional or registered nurse
- B. Present day need for nurses

Note to the teacher: A professional nurse is a graduate of a school of nursing which meets the minimum requirements set by state law, and who practices nursing by virtue of her professional preparation, knowledge, and the license she holds to practice her profession in the state. Pamphlet, Professional Nurses are Needed, Federal Security Agency, U. S. Office of Education, 1942, p. 10.

- C. Opportunities for professional service in the field of nursing

## 1. Private duty

Services are rendered to acutely ill patients and those requiring special treatments which can be given safely only by registered nurses. Salaries vary with hours of service.

## 2. Hospital and Institutional nurses

All registered nurses serving the acutely ill, convalescent or chronic patients and employed by institutions. They may serve in various departments, such as medical, surgical, obstetrical, X-ray, clinics, etc. Salaries differ with institutions, but usually include a monthly salary and maintenance.





3. Public health nursing

All registered nurses serving in a community for the promotion of better health for everyone. The nurse may be a visiting nurse, school nurse, industrial nurse, or she may be in an administrative or teaching position. Salaries vary with agencies.

4. Nursing in the field of nursing education

The registered nurse who teaches students in hospital schools of nursing, colleges, universities, etc. Salaries vary.

5. Opportunities in federal government nursing services

- a. Army nurse corps
- b. Navy nurse corps
- c. Indian Affairs
- d. U. S. Public Health Service
- e. Panama Canal service
- f. Others

D. Requirements for nursing---admission requirements

1. Academic

Minimum educational requirements is usually graduation from high school with appropriate courses.

Note to teacher: A check of acceptable subjects should be made with the catalog of the school of nursing and the secretary of the state board of nurse examiners, in the state where the school is located.

2. Age 18 - 35 years

3. Health

Good physical health based on a thorough physical and dental examination including a chest X-ray and correction of all defects.

4. Personal qualities

Certain personal qualities are essential, such as dependability, initiative, resourcefulness, courage, sense of humor, tolerance, keen powers of observation, a spirit of service, and the ability to get along with people.



## E. Types of schools of nursing and length of courses

1. Hospital - 3 years leading to a diploma in nursing
2. Collegiate - 4 or 5 years leading to a baccalaureate degree and a diploma in nursing.

Note to teacher: Nurses who have already had their basic training in a school of nursing but wish to enter the field of public health nursing must have additional training in a school of public health. This leads to a certificate or degree in public health.

- F. State license
- G. How to choose a good school of nursing
- H. Costs of training
- I. Scholarships - Cadet Nurses' Corps.
- J. Auxiliary nursing
- K. Review of important historical facts in nursing
- L. People who have influenced nursing

Suggested  
Activities

1. Show film R.N. Serving all Mankind. 16mm. Sound. Free. Michigan Department of Health, Lansing.
2. Have a director of a school of nursing discuss entrance requirements.
3. If No. 2 is not possible, have a local hospital superintendent of nurses talk to the group as a whole about nursing.
4. Arrange individual conferences between cooperating nurse and students interested in nursing.
5. Have a student nurse talk to those interested in nursing.
6. Have a class take charge of an assembly for all high school girls interested in nursing as a profession. Invite an Army Nurse, American Red Cross Nurse, and a local nurse to talk.
7. Help the students interested in nursing to study and evaluate schools of nursing.
8. Investigate your community for a war nursing council and its functions.
9. Have students write for information on nursing as a profession.

Michigan State Nurses Association, Lansing, Michigan  
Michigan Nursing Council for War Services, 51 West Warren,  
Detroit, Michigan

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THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

NO. 100

BY

DR. J. H. HARRIS

CHICAGO, ILL.

1950

CHICAGO, ILL.

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## II. Nutrition

### Subject matter

- A. Differentiate between a nutritionist and a dietitian
- B. Present need for nutritionists; for dietitians
- C. Type of positions

#### 1. Nutritionists

##### a. Public health

- (1) National program
- (2) State program
- (3) District, county, and city
- (4) Organizations such as: V.N.A., American Red Cross, Junior League, McCormick Fund, Welfare groups, etc.
- (5) Day care centers and nurseries

##### b. School

- (1) In Health Education programs
- (2) Feeding of children

##### c. Commercial

- (1) Life insurance companies

Washington, D.C. 20535

October 1, 1964

Dear Sir:

Enclosed for you are two copies of a letterhead memorandum (LHM) dated and captioned as above.

The LHM is being furnished to you for your information and for your use in the performance of your duties.

Very truly yours,  
[Signature]

Enclosure

ADMINISTRATIVE

- (1) National Bureau of Investigation
- (2) Federal Bureau of Investigation
- (3) Department of Justice
- (4) Department of State
- (5) Department of Defense
- (6) Department of Education
- (7) Department of Health, Education and Welfare
- (8) Department of Housing and Urban Development
- (9) Department of Labor
- (10) Department of Social Services
- (11) Department of Transportation
- (12) Department of the Interior
- (13) Department of the Navy
- (14) Department of the Army
- (15) Department of the Air Force
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- (97) Department of the Marine Corps
- (98) Department of the Navy
- (99) Department of the Army
- (100) Department of the Air Force

## 2. Dietitians

### a. Hospital

- (1) Administrative
- (2) Therapeutic or clinical
- (3) General or housekeeping
- (4) In Schools of Nursing (Education)

### b. Other institutions

- (1) Orphanages
- (2) Prisons
- (3) Dormitories
- (4) Old People's Homes
- (5) Hotels
- (6) Children's Homes

### c. Commercial

- (1) Special food companies (Chicago Dietetic Supply Company)
- (2) Industrial feeding establishments
- (3) Laboratories

### d. Military

- (1) In both hospitals and general feeding units. (WAACS, WAVES, SPARS, etc.)

## D. Requirements - vary according to type of service to be rendered

### 1. Nutritionist (fundamental)

- a. Graduate of accredited high school or one that is its equal by offering the basic sciences and good courses in Home Economics. Skill in handling and preparing food is now becoming essential to college entrance in this field.
- b. Graduate of an approved college with a food or nutrition major.
- c. Post-graduate work including human nutrition and field work. (Valuable but not essential to all positions.)
- d. Good positions now require previous experience in community nutrition under good supervision in addition to experience in related fields such as being an institutional manager, a hospital dietitian, teacher in home economics in high school and college, or as home economist in commercial field.





## 2. Dietitian

- a. High school (same as above)
- b. Graduate of an approved college offering courses in Diet Therapy, Quantity Cookery, and Institutional Management, in addition to others.
- c. Hospital internship at an approved hospital.
- d. Experience under good supervision (valuable but not essential at present.) Better positions expect it.

Some education in nutrition within the last five years is essential for both nutritionist and dietitian.

## 3. Age

- a. For both nutritionists and dietitians when entering the actual working field, over 22 years. For administrative work usually not under 30 years.

## 4. Health

- a. Good physical health based on physical and dental examinations, chest X-rays, and blood tests, and other tests when indicated, freedom from disabling defects.

## 5. Personal qualities

- a. Pleasant personality, a good voice, ability to get along with others, dependability, resourcefulness, alertness, willingness to serve, courtesy, open to suggestions, progressive, and professional. (See Civil Service requirements.)

## E. Schools

List of approved colleges and universities may be secured by writing to the American Dietetic Association, 620 North Michigan Avenue, Chicago, Illinois.

- F. Cost of training including internships and field experience.
- G. Scholarships and fellowships
- H. Salary or remuneration
- I. Some facts concerning the development of the nutrition program
- J. Outstanding people in the field



Suggested  
activities

1. Ask dietitian from local hospital to come in and discuss her work or visit her at hospital at a time when she can give time and when typical activities are going on.
2. Invite state nutritionist to meet with students when she is in area (time arranged through local health department.)
3. Visit a large hospital (such as at Ann Arbor) where a diet clinic can be observed in action.
4. Visit another institution such as an orphanage, old people's home, etc., that engages a dietitian, to find out what her duties and responsibilities are.
5. Visit an industrial plant that serves meals to its employees and that also employs a dietitian.
6. Visit Well Child Conferences held in community when nutrition services are given to the mothers of small children. (Arrange with local health department.)
7. Find out what local groups are doing to promote better nutrition. (Nutrition committee, other organizations, home demonstration agent, county agricultural agent.)
8. Assist local nutrition committees in setting up displays, writing articles for publicity, and in giving talks planned at school.
9. Inquire of public health nurses and social welfare workers as to the need for nutrition education among people in your community.
10. Talk with your school cafeteria manager (if you have one) about her work and how students select their meals.
11. Assist the school cafeteria manager in making a survey of the eating habits of students and compare results with standards set up by National Nutrition Board.
12. Evaluate the feeding of children in nursery schools (if any are near.)
13. Visit an adult nutrition class being taught by a trained person in your community.
14. Write for material, assemble, and file for future use in library.

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Nutrition at Work in the Schools  
Nutrition at Work in the Red Cross  
Nutrition at Work in the Hospital  
Public Health Nutrition  
The Dietitian in a Small Army Hospital  
The Dietitian in a Large Army Hospital





### III. Laboratory Work

#### Subject matter

#### A. Background of profession

A hundred years ago the only instrument available for physicians for physical measurements was the clinical thermometer. The practice of medicine was an art based largely on ability to use the five senses and to correlate observation with past experience. Today medicine is both an art and a science. The science of medicine is of recent development, much of it being less than twenty years old. As physical, chemical and bacteriological methods of measurement of changes within the human body have developed, medicine has become more and more a laboratory science. Today the chemical, bacteriological, pathological, and X-ray laboratories are the backbone by which modern medicine stands erect.

#### B. Development of laboratory personnel

As scientific or laboratory medicine developed, there was an increasing demand for individuals to perform laboratory tests. At first, hospitals met this demand by training in their own laboratories. Because of their close association with hospitals many of the trainees were nurses, others were without scientific background, and a few were recruited from the ranks of chemistry and some from bacteriology. At much the same time, and starting from the demand for adequate control of water supplies, there developed, within health departments, laboratories intended at first for the control of environmental sanitation but expanding rapidly to cover the laboratory tests necessary in the diagnosis and control of communicable disease. This field, originally attracting sanitary engineers and chemists, soon demanded individuals with training particularly in bacteriology. At first far apart in terms of function and personnel, both types of laboratories have expanded until today differentiation is to be found only in the relative volume of different types of tests.

#### C. Development of training program

It is easy to see why for many years the actual training of individuals for laboratory work was on an inservice basis and why the training varied from institution to institution. There was no yardstick by which the training of any individual could be measured. In an attempt to furnish such a yardstick a group of pathologists set up about fifteen years ago an examining board, The Registry of Medical Technologists, for workers in hospital laboratories, establishing, ex officio, minimum educational and training requirements. From this and from the interest of the medical profession in education of physicians and their assistants, the present program for the training of





workers in medical laboratories has evolved. At the present time, the American Medical Association, through a system of inspection and approval of laboratory training schools, supervises the post collegiate education of these individuals. The Registry of Medical Technologists, through written and practical examination of the graduates of the laboratory training schools, certifies a minimum level of competence. Through interlocking interests, both organizations control the basic collegiate curriculum.

#### D. Present educational program

The increasing interest on the part of hospital laboratories in procedures of a public health import, expansion of the function of the public health laboratory to include procedures originally incorporated in medical care, and the recent development of community health centers where medical care, public health and environmental sanitation meet under one roof, all have lead to the demand for laboratory workers with adequate basic training in all fields. There are, therefore, today, either in operation or in the process of organization, a number of training schools combining under one auspices training in hospital laboratory procedures, in public health bacteriological and serological methods, and in methodology in the sanitary sciences. The two types of laboratories originating from demands almost as divergent as the poles have now met functionally in a training program and in the educational demands which they make on prospective employees.

At the present time the requirement of the Registry of Medical Technologists for admission to examination are: two years of college with specified courses in biology, chemistry, bacteriology and physics, and a post collegiate training period of twelve calendar months in a laboratory training school approved by the Council on Medical Education of the American Medical Association. The number and type of courses demanded are such that it is almost a physical impossibility to obtain the required education in two years. It is an exceptional individual that can complete the course in less than three years. There can be no doubt that these requirements will be increased to a baccalaureate degree within a very short time.

The educational requirements for admission to examination for positions in public health laboratories operating under merit systems almost uniformly are a baccalaureate degree. Many demand also a year of specialized laboratory training or laboratory experience.

In Michigan the statute governing the conduction of laboratories in which tests for the diagnosis and control of communicable disease are made demands that the individual in charge of the laboratory have a bachelor's degree in science from a recognized college or university.





It, therefore, makes little or no difference from what angle one approaches the program of adequate training for laboratory work. One meets the entrance requirements for all types of laboratory positions only with a baccalaureate degree and a year's training in an approved laboratory training school. Many of the training schools are now affiliated with colleges which have developed separate curricula for the training of these individuals. The course of training consists of three years of college work on campus and a fourth year in residence in the training laboratory. The college accepts work in the training school for credit and gives a B.S. degree upon completion of the year of training. Courses of this type are available in Michigan at Michigan State College, Wayne University, Central Michigan College of Education, and Western Michigan College of Education. A similar course is in the process of organization at the University of Michigan. There are laboratory training schools at the Michigan Department of Health and in many of the larger hospitals in urban communities.

Information regarding approved laboratory training schools is available through the Council on Medical Education and Hospitals, American Medical Association; regarding registration of laboratory workers from the Registry of Medical Technologists, Ball Memorial Hospital, Muncie, Indiana; and regarding college curricula from the catalogues and bulletins of the various institutions.

It is suggested that the student may obtain a better knowledge of the function and working of a laboratory by observation of the laboratory in operation and through personal contact with the pathologist or director of the laboratory. An attempt should be made to arrange for (1) a talk by the director of the laboratory in your local hospital on the functions of the laboratory service and (2) a tour of the laboratory.

## E. Opportunities in the field

### 1. Hospital and institutional laboratories

The performance of physical, chemical, and bacteriological tests on specimens from patients. These tests are designed to be of aid in the determination of the type of illness or its extent, or to furnish evidence as to ultimate outcome. In many institutions the laboratory is divided into units performing routine tests of repetitive types. In larger institutions original investigative work may be performed. The work demands scientific knowledge, manual dexterity, intellectual honesty, and an appreciation of the relationship between the laboratory and sick individuals.





2. Public health laboratories (federal, state, or municipal)

- a. Diagnostic. The function of these laboratories is the performance of physical, chemical, or bacteriological tests for clinicians and health officers in the diagnosis and control of communicable disease. Though no strict line can be drawn between the activities of a hospital laboratory and a public health laboratory the emphasis in the public health laboratory is on infectious agents, and the work, therefore, demands adequate knowledge of bacteriology. In many laboratories investigative work is in progress and opportunities exist combining routine and investigative work. The work demands adequate education in science and particularly those branches of science related to infectious agents such as bacteria; manual dexterity; intellectual honesty; an appreciation of the place of the laboratory in public health activities; and ability to work with people.
- b. Environmental Sanitation Laboratories. These laboratories perform tests on water and milk supplies and other environmental agents through which communicable diseases might be transmitted. The purpose is the control of these agents as vectors of communicable disease. The work demands fundamental backgrounds of science, bacteriology, and the ability to do repetitive tests accurately. Investigative work is also performed in some laboratories.

3. Community laboratories

With the development of community health centers incorporating under one roof the functions of medical care, environmental sanitation, and public health, a new type of laboratory combining all types of laboratory work into one functional unit has evolved. Wide extension of such functional units can be anticipated. The laboratorian in charge of such a laboratory must have been well grounded in basic sciences and must have had special laboratory training incorporating all three fields. Such special training is available.

4. Physicians offices

Many physicians, either as individuals or when associated together in groups, have in their offices clinical laboratories in which diagnostic tests are made. The scope of the tests varies with the number and particular interests of the individuals. As a rule the coverage is not as extensive as in a hospital laboratory, and the skill demanded of the laboratorian is proportionately less.





## 5. Laboratories for the production of serums or vaccines for the prevention or treatment of disease

Though this is an entirely different field, many of the individuals engaged in this work have been recruited from the ranks of clinical or public health laboratory workers. These laboratories prepare and standardize substances of many different types to be used either as preventative against infection with communicable disease or in the treatment of such disease. The work demands specialized knowledge in addition to basic education. Such knowledge is as a rule the result of experience in this type of laboratory.

### F. Financial reward

Starting salaries vary with the type of work. The Michigan Civil Service salary scale starts at \$1800.00 a year. With further training and/or post-graduate education advancement is possible to salaries of about \$3600.00. Such salaries are the exception, of course. In institutions and some hospitals, maintenance is furnished.

### G. Cost of training

The cost of training is the cost of a college education. In some institutions tuition scholarships are available. The Kellogg Foundation has made available to a limited number of training schools fellowships covering the expenses of the practical laboratory training.

### H. Qualifications for field

1. Personality: Ability to meet and to get along with people, particularly sick people and busy doctors; even temperament; scientific and technical inclinations; manual dexterity.
2. Health: Good physical health; ability to stand up under pressure of emergency work.

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 DeKruif: Microbe Hunters. Men Against Death.  
 Zinsser: Rats, Lice and History  
 Lewis: Arrowsmith.  
 Hegner: Big Fleas Have Little Fleas.  
 Kendall: Civilization and The Microbe.





#### IV. Medicine

Subject  
matter

- A. Meaning of the term doctor of medicine as distinguished from doctor of osteopathy, doctor of chiropractic, etc.

Note to the teacher: A doctor of medicine is a graduate of a recognized school of medicine who has had certain required preliminary training before entering medical school.

- B. Present day need for physicians

1. In private practice
2. In the Army
3. In the Navy
4. In the United States Public Health Service

- C. Opportunities for professional service in the field of medicine

1. United States Army

The duty specifically charged to the Medical Department of the Army is the conservation of the manpower of the military forces. From the inception of mobilization to the completion of demobilization, the Medical Department is intimately concerned in every factor which affects the health of the Army.

2. United States Navy

A medical officer in the Navy can do the best work of which he is capable, for he is given an opportunity to do just this.

3. United States Public Health Service

The U.S.P.H.S. is an organization in which the young physician may find certain fundamental satisfaction in his professional life. The responsibilities of the service demand the application of knowledge and skill in the three broad fields of clinical medicine, research, and public health practice. The Public Health Service is one of the "Career" branches of the federal government.

4. Hospital and institutional physicians

They may serve in various types of hospitals, such as mental, tuberculosis, etc.

5. Private practice

In private practice services are rendered to ill patients and those requiring special treatments. Thus, there are physicians in general practice and those who practice one



of the specialties such as surgery, ophthalmology, dermatology, obstetrics, pediatrics, etc.

#### 6. Public health

Opinions and conclusions as to the scope of the public health field are undergoing a change. A health problem becomes a public health responsibility if or when it is of such character or extent as to be amenable to solution only through systematized social action, its relative importance varying with the hazard to the population exposed. Additional training beyond the medical school curriculum is necessary in a recognized school of public health. Opportunities are available for positions on both the state and local levels in official and non-official (or voluntary) agencies.

#### 7. Teaching and research

These opportunities are largely in schools of medicine.

#### 8. Opportunities in federal government

Medical services other than those in the Army, Navy, and U.S.P.H.S.

### D. Preliminary education

The Council on Medical Education and Hospitals in setting up its minimum subject requirements for admission to approved medical schools does not specify the number of hours required but rather refers to satisfactory courses in biology, physics, and chemistry, including organic chemistry. While the minimum requirement of collegiate credit advocated by the Council is two years of college training, three years or more in college is recommended. Each medical school has its own requirements for admission. For the session 1942-1943, sixty-nine medical schools in the United States had preliminary requirements in excess of the minimum. Medical school catalogs should be consulted.

### E. Types of schools of medicine

Only medical schools approved by the Council on Medical Education and hospitals of the American Medical Association are recognized (or so-called Class A) medical schools. In the United States, sixty-six approved four year medical schools carry the responsibility for the professional education of the physicians of this country. There are five medical schools whose approval is on a probationary status.

### F. How to choose a good school of medicine

Choice should be limited to only approved and recognized medical schools.





#### G. Cost of training

Tuition fees vary from under \$99 to \$500 or over. Two medical schools charge fees under \$99 a year. Twenty-six schools have fees of \$500 or more. Medical school fees have been increased. Thirty-two schools make an additional charge for nonresidents. The average resident fee charged for the session 1941-1942 was \$395.

#### H. Scholarships

There are local funds and scholarships for students in the accelerated programs. For example, grants were made by the W. K. Kellogg Foundation and federal funds to the extent of \$5,000,000 have been appropriated by Congress for loan funds.

#### I. Curriculum

The standard curriculum recognized by the Council on Medical Education and Hospitals and contained in its Essentials of an Acceptable Medical School consists of from 3,600 to 4,400 hours distributed as from 900 to 1,000 hours per academic year and grouped under nine headings:

1. Anatomy, including histology and embryology
2. Physiology
3. Biochemistry
4. Pathology, bacteriology, and immunology
5. Pharmacology
6. Hygiene and sanitation
7. General medicine
8. General surgery
9. Obstetrics and gynecology

#### J. The accelerated program of medical training

#### K. Required internship

Nine schools in the United States require an internship for graduation. Twenty-two states, the District of Columbia, Alaska, Hawaii, and Puerto Rico require that all applicants for licensure shall have served a hospital internship. 732 hospitals approved for intern training in February, 1942 offered a total of 7,228 internship appointments annually.

##### 1. Essentials of an approved internship

- a. Basis of the internship
- b. Length of the internship
- c. Types of internship

- (1) Rotating
- (2) Mixed
- (3) Straight



- d. Hospitals eligible for approved internships
- e. Nature of the intern's duties

## 2. Residencies and fellowships

### L. Boards of medical examiners

- 1. State Boards of Medical Examiners  
All of the states, Alaska, Hawaii, and the Virgin Islands have licensing boards
- 2. Examining Boards in the Medical Specialties

Examining and certifying boards have been established in fifteen specialties, namely:

- a. Anesthesiology
- b. Dermatology and Syphilology
- c. Internal medicine
- d. Neurologic surgery
- e. Obstetrics and Gynecology
- f. Ophthalmology
- g. Orthopedic Surgery
- h. Otolaryngology
- i. Pathology
- j. Podiatrics
- k. Plastic Surgery
- l. Psychiatry and Neurology
- m. Radiology
- n. Surgery
- o. Urology

### 3. Board of Examiners in the Basic Sciences

Seventeen states and the District of Columbia have adopted by legislative action basic science requirements underlying the practice of the healing art. These acts provide for certification by a board of examiners in the basic sciences.

### 4. National Board of Medical Examiners

The certificate of the National Board of Medical Examiners is accepted as an adequate qualification for a medical license by the licensing authorities of all but four states, the District of Columbia, the territories of Alaska, Hawaii, and Puerto Rico, and the Canal Zone.

### M. Registration

Registration and license are by:

- 1. Examination
- 2. Reciprocity
- 3. Endorsement

Certain states require annual registration





N. Continuation of study for practicing physicians

1. Postgraduate courses
2. Extension courses
3. Home study courses
4. Postgraduate clinics
5. Clinical conferences, Graduate Assemblies

O. People who have influenced medicine

P. Women in medicine

The first woman to receive an M.D. degree in the United States was Elizabeth Blackwell in 1849. The first medical school for women, the Woman's Medical College of Pennsylvania, was organized in 1850 with a class of seven students. All but six of the seventy-seven medical schools in the United States admit women students. There are about 7,500 women physicians in the United States.

Suggested  
activities

1. Have a physician discuss medical education and medicine as a profession with the group.
2. Arrange individual conferences between a physician and students interested in medicine as a career.
3. If possible, arrange for students interested in medicine to visit one of the medical schools in the state and interview the dean of the school.
4. Send for catalogs from medical schools which students have expressed an interest in attending.
5. Help the students interested in medicine to study and evaluate schools of medicine.
6. Have the class take charge of an assembly for all high school students interested in medicine as a profession. Invite an Army physician, a Navy physician, a physician in private practice, and a public health physician to talk.
7. Investigate your community for medical facilities and services
8. Contact your county medical society for advice and help.

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## V. Dentistry

### Subject matter

- A. Meaning of the term doctor of dental surgery (dentist)
- B. Present day need for dentists

It is strange to relate that during the past two decades when dentistry was receiving increasing recognition as a health service the actual number of dentists in the country was declining. The number of new dentists licensed each year was less than the number lost to service through death or retirement. This problem is now being discussed by the American Dental Association and governmental agencies. A limited number of students are being selected and trained by the military services at the present time. Dental schools are operating on the accelerated training programs.

Note to the teacher: A doctor of dental surgery (D.D.S.), or in a few instances the degree conferred is doctor of dental medicine (D.M.D.), is a graduate of a school of dentistry and practices dentistry by virtue of his or her professional preparation, knowledge, a license to practice this profession in the state, and an annual registration certificate in most states.

### C. Opportunities in dentistry

#### 1. Private practice of dentistry

##### a. General practitioner

Incomes vary with size and type of community and personality and ability of the dentist.





## b. Specialist

Oral surgery and exodontia deal with the removal of teeth, diagnosis and treatment of surgical diseases of the jaws and teeth.

Orthodontics deals largely with the correction of faulty growth and development of the jaws and teeth, mostly in children.

Pododontics, or dentistry for children.

Periodontia deals with diagnosis and treatment of diseases of the gums and supporting structures of the teeth.

Prosthodontia deals with the restoration of lost teeth by artificial means.

Radiology or X-ray diagnosis.

2. Internships, fellowships, and residencies in hospitals, dental schools, clinics, and institutions or an association as an assistant with an experienced dentist are available to many upon graduation. Salaries vary.

3. Opportunities in special fields of service

- a. Dental Corps of the U. S. Army

Internships and commissions available for a limited number. Commissions for dentists start with 1st Lieutenant.

- b. Dental Corps of the U. S. Navy

Appointments for commissions available for a limited number. Commissions start with Lieutenant (J.G.)

- c. United States Public Health Service

Internships and commissions available for a limited number. Commissions start with Assistant Dental Surgeon.

- d. State and local health departments
  - e. Departments of education, school systems
  - f. Hospitals and industries

Internships and residencies available in many hospitals for general experience and special training. (Salaries of interns vary from nothing up to \$2,000. a year.)



g. Dental teaching and research

Fellowships available by American Dental Association and all the dental schools for further training.

D. Requirements for dentistry - admission requirements

1. Academic

Minimum education requirements for admission to a dental school is the successful completion of two years of study in a liberal arts college.

2. Health

Good health and a rugged constitution are important factors of success in any profession, and particularly in dentistry.

3. Personal qualities

The individual should be a careful, thorough, and painstaking student. He must also be dependable, resourceful, courageous, and have a sense of humor, tolerance, a spirit of service, and a good personality with the ability to get along with people.

E. Schools of dentistry - length of course

There are thirty nine schools.

Two schools operate on the four-quarter system and offer the customary four year academic course for students in three calendar years. One school offers a five year course leading to both dental and medical degrees.

The Council on Dental Education requires that a dental school limit their full courses of study, on the basis of four academic years to a minimum of 3800 and a maximum of 4400 clock hours. The courses are divided between didactic instruction on the one hand and laboratory and clinical experience and instruction on the other. Roughly, about one fourth of the student's time is taken up with classroom instruction and about three fourths in the laboratory and the clinic. The Council urges that 10 hours a week be allowed for free time to give the student opportunity for recreation, intellectual relaxation, and opportunity to use the library and other facilities of the university.

The usual four-year dental course includes: anatomy, gross and oral; histology and embryology; physiology; biochemistry; bacteriology, pharmacology; pathology; medicine; diagnosis,





including periodontia and pulp canal therapy; prosthesis; oral surgery, including anesthesia - general and local; dental materials; public health and hygiene; history of dentistry; ethics; jurisprudence.

Note to teacher: In the majority of the universities in which dental schools form an integral part, it is possible for the individual student to earn the degree of Bachelor of Arts (A.B.) or the degree of Bachelor of Science (B.S.) and the professional degree of D.D.S. or D.M.D. in six or seven years.

F. Cost of dental education

Tuition and other college fees for an academic year vary from about \$200 to about \$400 in most cases.

Total expense for students taking a full course for one academic year, including tuition and other fees, books, instruments, supplies, board and room (but not including laundry, clothing, transportation, and other personal incidentals) has been estimated by dental schools in different parts of the country as follows:

By an Eastern school . . . . .	\$1,251.00
By a second Eastern school . . . . .	961.00 to \$1,151.00
By a Middle Western school . . . . .	750.00 to 800.00
By a Southern school -	
first year . . . . .	\$879.00
second year . . . . .	934.00
third year . . . . .	739.00
fourth year . . . . .	655.00

Through grants to dental schools in United States and Canada by the W. K. Kellogg Foundation and also through government subsidy, loans are available for dental training. Instruments are also available on loan for students at many dental schools.

For an accurate estimate of cost and entrance requirements, write directly to the Dean of the dental school.

G. State requirements and licensing - National Board of Dental Examiners - Reciprocal Relations of States

Each state and the District of Columbia has a separate board of dental examiners. A few states have a reciprocal agreement with other states whereby a part or, after five successful years of practice, all of the examination may be waived.

H. Cost of office equipment

The last comprehensive study on cost of equipping a dental





average cost was \$2,867.00. Of this amount 80.7% was spent for operating room and laboratory equipment; 6.5% for dental supplies; 5.7% for plumbing and wiring, etc.; 4.8% for reception room furnishings; and 2.3% for miscellaneous items.

- I. Historical background
- J. Professional organization
- K. Auxiliary fields of service

- 1. The dental hygienist

- a. A supplementary worker in dentistry in the field of oral hygiene. Thirty-two states, in addition to the District of Columbia and Hawaii, license dental hygienists. Dental hygienists are prohibited from practicing except under the supervision of licensed dentists.

- b. Present day need

- c. Admission requirements - length of course

- A high school graduate with no minimum age limit in most states. Good physical health. Personal qualities essential are: dependability, initiative, neat appearance, pleasing personality, good character, and the ability to get along with people. Length of course varies from one to two years.

- d. Opportunities for useful service are open to duly trained and licensed dental hygienists in private offices, in clinics, hospitals, sanitariums, and in industrial dental clinics. The dental hygienist shall be restricted to the removal of calcium deposits, secretions and stains from the surfaces of the teeth, and shall not perform any other operation on the teeth or tissues of the mouth. She also performs many helpful duties in the reception and care of patients, in the sterilization of instruments, and in rendering assistance to the dentist at the chair.

Note to teacher: Further information may be secured from schools of dental or oral hygiene or from Miss Mary Owen Wilhelm, Editor of the Journal of the American Dental Hygienists' Association, 1402 Pershing Boulevard, Clinton, Iowa.

- 2. The dental assistant

- a. A supplementary worker in dentistry
  - b. Present day need





c. Requirements and training

Good physical health. Personal qualities: dependability, initiative, neat appearance, pleasant personality, and the ability to get along with people.

Training consists mainly of two kinds--one, in the dental office without a formal course for dental assistants; and two, a one year course for dental assistants.

- d. Opportunities for useful service are open to capable women. The duties and remuneration vary in dentists' offices. The assistant will act as secretary, make appointments, act as receptionist (receive the patients), answer telephone, keep books, collect bills, send out statements, sterilize instruments, and make herself generally useful.

Note to teacher: Further information may be secured from Miss Sadie M. Leach, Editor of the Journal of the American Dental Assistants Association, 1710 State Street, LaPorte, Indiana.

3. The dental technician

a. A supplementary worker in dentistry

Note to teacher: Dr. William J. Gies very aptly describes the dental technician. The technician may lawfully perform any cooperative act outside of the mouth that would aid a dentist to conduct a procedure of legitimate dental practice within the mouth.

b. Present day need

c. Preparation and training

No definite requirements have been set up as yet for dental technicians. The individual must be thorough, painstaking, tolerant, and resourceful.

Preparation and training has been largely through apprenticeship and proceptorship. Commercial schools for training technicians have developed in recent years. No approval of these has been given by the Council on Dental Education.

d. Opportunities in this useful vocation

The technician assists the dentist by performing those mechanical and technical aspects of dental





practice that can be done outside the mouth, thereby allowing the dentist more time for direct health service.

The technician may be a full time employee of one or more dentists or be an employee or owner of a commercial dental laboratory. Army, Navy, U. S. Public Health Service, and many clinics, hospitals, industries, and state institutions also employ dental technicians. Salaries vary.

Training for a limited group is offered by the different branches of the military service. For further information address the Surgeon General of any of the services.

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### VI. Other Related Fields

- A. Physio Therapist and Occupational Therapist
- B. Pharmacist
- C. Sanitarian and Sanitary Engineer
- D. Nurses Aides, "Practical" Nurses and nurse maids
- e. Health Department clerk; receptionists in hospitals, clinics and physicians' and dentists' offices.

- Additional Suggested Activities
1. Visit workers in these various fields and learn what they do or invite them to talk with the class at school.
  2. Have student develop individual reports relating to each of the health professions mentioned in this Unit. Plan a class discussion or school assembly program centered around the reports.
  3. Write the various sources suggested throughout the Unit for information regarding qualification for the various professions.

<u>Topic</u>	<u>Agency Assistance</u>
<u>Example of</u> 1. Nursing	<u>Health Department:</u> Discuss nursing as a profession.
<u>How Communi-</u> 2. Nutrition	<u>Local War Nursing Council or State Nurse</u>
<u>ty Agencies</u> 3. Laboratory work	<u>Association:</u> Film - R.N. Serving all
<u>May Assist</u> 4. Medicine	<u>Mankind.</u>
5. Dentistry	<u>State Vocational Department:</u> Information
6. Related Fields	<u>on Trained Practical Nurses "Home and</u>
	<u>Hospital Aides."</u>
	<u>Blodgett Home for Children:</u> Information
	<u>on trained nurse maids.</u>





Observe local physical therapist at special school in work with orthopedic cases.

County Home Demonstration Agent: Information on work of local nutrition committees, etc.

School: Home making teacher - professional requirements for nutritionist.

Hospital: Laboratory technicians, their training and various specialities.

Local physicians and dentists and pharmacists: Re professional training.



114.

Class: Practice, recitation and attendance

[illegible]



SUMMARY OF THE REPORT







## Basic Planning

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Films: 16mm. (free except for return postage)

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On Your Feet.  
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Films: 16 mm. (free except for return postage)

Around the Clock. 18 minute. Sound.  
Baby's First Year. 10 minutes. Sound.  
Before the Baby Comes. Sound.  
Cancer. 20 minutes. Sound.  
Choose to Live. 18 minutes. Sound.  
Clocking a Champion. 10 minutes. Sound.  
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For Health and Happiness. 10 minutes. Sound.  
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Communicable Diseases: A series of pamphlets on various common diseases.  
Our Family is Having Their Blood Tests Like Thousands of Others.  
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With These Weapons. 11 minutes. Sound.  
The House Fly. 11 minutes. Sound.  
'Twixt the Cup and the Lip. 18 minutes. Sound.  
Syphilis - Its Nature, Prevention, and Treatment. 30 minutes. Silent.  
Safe Drinking Water for Small Water Supplies. 10 minutes.  
Man Against Microbe. 10 minutes.  
Milk Parade. 10 minutes. Sound.  
Keep 'Em Out. (Rat control) 10 minutes. Sound.  
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SUPPLEMENTARY LIST OF HEALTH AGENCIES FOR RESOURCE MATERIAL

American Association of Childhood Education  
221 West 57th Street  
New York, N. Y.

American Association for Health, Physical Education and Recreation  
1201 - 16th Street, N. W.,  
Washington, D. C.

American Dental Association  
222 East Superior Street  
Chicago, Ill.

American Medical Association - Bureau of Health Education  
520 N. Dearborn Street  
Chicago, Ill.

American National Red Cross  
Washington, D. C.

American Nurses Association  
Nursing Information Bureau  
1790 Broadway  
New York, N. Y.

The Association for Family Living  
209 South State Street - Suite 1426  
Chicago, Ill.

Child Study Association of America  
221 W. 57th Street  
New York, N. Y.

Dairy Council of Detroit  
704 New Center Building  
3162 Madison Avenue  
Detroit, Michigan

Evaporated Milk Association  
307 North Michigan Avenue  
Chicago, Ill.

John Hancock Life Insurance Company  
197 Clarendon Street  
New York, N. Y.

Metropolitan Life Insurance Company - Press  
School Health Bureau  
1 Madison Avenue  
New York, N. Y.

Michigan Department of Health  
Lansing 4, Michigan

Michigan State Board of Control for Vocational Education  
Bauch Building  
Lansing, Michigan





Michigan Tuberculosis Association  
403 Seymour Avenue  
Lansing, Michigan

Michigan State Nurses' Association  
750 East Main Street  
Lansing, Michigan

Michigan Board of Registration of Nurses and Trained Attendants  
353 Hollister Building  
Lansing, Michigan

Michigan Department of Public Instruction  
Lansing 2, Michigan

Michigan State College Extension Division  
East Lansing, Michigan

Michigan Nursing Council for War Services  
51 W. Warren Avenue  
Detroit, Michigan

National Education Association  
1201 Sixteenth Street, N. W.,  
Washington, D. C.

National Nursing Council for War Service  
1790 Broadway  
New York, N. Y.

National Recreation Association  
314 - 4th Avenue  
New York, N. Y.

National Society for Prevention of Blindness Inc.,  
1790 Broadway  
New York 19, N. Y.

National Safety Council  
20 North Wacker Drive  
Chicago, Ill.

U. S. Department of Agriculture  
Superintendent of Documents  
Washington, D. C.

U. S. Office of Education  
Superintendent of Documents  
Washington, D. C.

U. S. Public Health Service  
Superintendent of Documents  
Washington, D. C.



MOTION PICTURES, FILM STRIPS AND SLIDES  
Available from Film Loan Library of the  
Michigan Department of Health

Motion Picture Films --

All films are 16 mm. They are either sound or silent. Silent films can be run on a sound projector, but SOUND FILMS CANNOT BE RUN ON A SILENT PROJECTOR.

Cost of borrowing. No charge is made for loan of films. Films are sent prepaid. The borrower is expected to pay return shipping charges and fill out an attendance report card.

Reservations. All films must be reserved in advance, three or four weeks if possible. Specify exact dates of showings. Give alternate dates of second choice of films where possible.

Damage to film. Films must be shown by an experienced operator, thoroughly familiar with the operation of a motion picture projector. Damage to films other than normal wear must be paid for by the borrower. Please do not make repairs unless necessary. ALWAYS CLEAN FILM GATE OF PROJECTOR BEFORE SHOWING FILMS.

Return of films. FILMS MUST BE RETURNED ON DATE DESIGNATED. Delays always result in disappointment and inconvenience to other borrowers.

Safety film. All films are cellulose acetate. This is the non-inflammable or safety type.

Film Strips --

Both sound and silent film strips are available.

Slides --

All slides are 2" x 2" in color (Kodachrome).

Address requests to: Film Loan Library  
Michigan Department of Health  
Lansing, Michigan



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MOTION PICTURES AVAILABLE FROM THE  
FILM LOAN LIBRARY  
MICHIGAN DEPARTMENT OF HEALTH  
Lansing, Michigan

<u>TITLE</u>	<u>SUBJECT</u>	<u>TIME</u>
1. Choose to Live.....	Cancer.....	17 min. sound
2. Around the Clock.....	Baby's day.....	45 min. silent
3. Baby's First Year.....	Baby's schedule.....	10 min. sound
4. Clocking a Champion.....	Home care of baby.....	10 min. sound, color
5. Baby's Day at 12 Weeks.....	Child development.....	10 min. sound
6. A 36 Weeks Behavior Day.....	Child development.....	10 min. sound
7. A 48 Weeks Behavior Day.....	Child development.....	10 min. sound
8. About Faces.....	Preventive dentistry.....	10 min. sound or 20 min. sound, color
9. Behind the Smile.....	Dental care(prenatal to adolescent).....	10 min. sound, color
10. Student Flyer.....	Nutrition.....	18 min. sound
11. Let's Keep the Killer Down.....	Diphtheria.....	10 min. sound
12. Before the Doctor Comes.....	First aid.....	40 min. sound
13. Care of Minor Wounds and Control of Bleeding.....	First aid.....	15 min. sound
14. Help Wanted.....	First aid.....	40 min. sound
15. The House Fly.....	Sanitation.....	11 min. sound
16. Man Against Microbe.....	History of preventable disease.....	10 min. sound
17. America Learns to Fly.....	Nutrition.....	11 min. sound
18. This Too is Sabotage.....	Nutrition.....	16 min. sound
19. Wartime Nutrition.....	Nutrition.....	10 min. sound
20. Two Little Rats and How They Grew.....	Nutrition.....	15 min. sound, color
21. Before the Baby Comes.....	Care of the Expectant Mother.....	10 min. sound
22. Your Health Department.....	Functions of a health department.....	20 min. sound
23. Keep 'Em Out.....	Rat control, sanitation.....	10 min. sound
24. Once Upon a Time.....	Street safety.....	10 min. sound
25. Eating Out.....	Restaurant sanitation.....	30 min. silent
26. Milk Parade.....	Milk sanitation.....	10 min. sound
27. Safe Drinking Water from Small Water Supplies.....	Water sanitation.....	10 min. sound
28. 'Twixt the Cup and the Lip.....	Food sanitation.....	18 min. sound
29. Malaria, The Winged Scourge.....	Mosquito control.....	10 min. sound, color
30. On your Feet.....	Posture and walking.....	16 min. sound
31. The Right to Hear.....	Hearing.....	30 min. sound, color
32. Eyes for Tomorrow.....	Vision.....	18 min. sound
33. Know for Sure(Revised Edition).....	Syphilis.....	18 min. sound
34. With these Weapons.....	Syphilis.....	11 min. sound
35. Serving all Mankind.....	Registered nurses.....	20 min. sound





State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

WHAT WOULD YOU LIKE TO KNOW? (INTEREST)

Name \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

What kinds of health problems are of the greatest interest to you? Your reaction to the questions below will help us in planning together to include your interests.

Directions: Read each question carefully and encircle the letter "A", "U", or "D" if you believe that: (A) the question is interesting and should be dealt with in school; (U) the question is interesting but should not be dealt with in school; or (D) the question is not interesting.

Example: (A) - U - D 1. How does health influence one's ability to get a job?

- - - - -

- A - U - D 1. How can I appraise my own health?
- A - U - D 2. What different kinds of doctors are there? In my community?
- A - U - D 3. Why should I go to the dentist if I do not have a toothache?
- A - U - D 4. Do certain diseases of the skin result from beauty parlor or barber shop treatments?
- A - U - D 5. Are pimples caused by poor digestion?
- A - U - D 6. How can athletes foot be avoided?
- A - U - D 7. How can you tell if the lighting at home and in school is good for whatever you're doing?
- A - U - D 8. What causes dandruff? Can it be removed permanently?
- A - U - D 9. Why is it sometimes harder to hear when one has a cold?
- A - U - D 10. Can discolored teeth be whitened without injuring the enamel?
- A - U - D 11. Does posture affect the functioning of the "internal organs"?
- A - U - D 12. Is it injurious to wear moccasins or tennis shoes most of the time?
- A - U - D 13. Do inoculations always protect one against disease?
- A - U - D 14. How can you learn to get along with people better?
- A - U - D 15. Will fear of getting a disease increase one's susceptibility to it?
- A - U - D 16. Does strenuous exercise harm the heart?



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- A - U - D 17. Is the frequent use of laxatives habit-forming or dangerous in other ways?
- A - U - D 18. What causes body odor? How can it be prevented?
- A - U - D 19. Is it true that certain vegetables, fruit, or fish should not be eaten at the same meal with milk?
- A - U - D 20. Will bathing improve one's health?
- A - U - D 21. What is a "balanced diet"?
- A - U - D 22. Is the frequent skipping of meals injurious to one's health?
- A - U - D 23. Will drinking coffee before bedtime keep a person awake?
- A - U - D 24. Should one exercise to reduce weight?
- A - U - D 25. What are the symptoms of high blood pressure?
- A - U - D 26. Is it harmful to be a blood donor?
- A - U - D 27. How can one prevent heart disease?
- A - U - D 28. Is cancer hereditary?
- A - U - D 29. Is there and "sure cure" for cancer?
- A - U - D 30. Will the boys returning from military service "bring back" diseases like malaria which have tended to disappear in Michigan?
- A - U - D 31. Why is it necessary to have a health examination before getting married in Michigan and in some other states?
- A - U - D 32. If a woman received a severe shock from fright just before child-birth, would it affect the child in any way?
- A - U - D 33. Should pregnant women drink more milk than other people?
- A - U - D 34. Is it all right to let little children get measles, chickenpox, and other children's diseases while they are small, so you can "get them over with" before they go to school?
- A - U - D 35. Why are drops put in a baby's eyes at birth?
- A - U - D 36. Is it better to breast feed or bottle feed a baby?
- A - U - D 37. Is tuberculosis a young person's disease?
- A - U - D 38. Can a person with tuberculosis be cured just as well in Michigan as in Arizona or New Mexico?

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- A - U - D 39. What are the effects of syphilis?
- A - U - D 40. Is there more syphilis among young people than before the war?
- A - U - D 41. Are cold vaccines of any value in the prevention of colds?
- A - U - D 42. How does it happen that colds often lead to other more serious diseases?
- A - U - D 43. What are the chief causes of absence among school children?
- A - U - D 44. Why are some people who live in clean surroundings sickly and some who live in dirty surroundings apparently healthy?
- A - U - D 45. Do good farmers sometimes look after the sanitation of their barns and the care of their stock better than the health of their family?
- A - U - D 46. Can pet dogs or cats become a menace to health? How?
- A - U - D 47. What value is the Federal Food and Drugs Act in controlling the advertising of patent medicines?
- A - U - D 48. Are more people injured and killed from home and farm accidents than from highway accidents?
- A - U - D 49. Why do we have public health laws?
- A - U - D 50. What is a "non-official" health agency and what does it do that the "official" health department doesn't do?
- A - U - D 51. How much can one rely on the information given in advertising or the labels on food products?
- A - U - D 52. Are there serious permanent effects from moderate drinking of alcoholic beverages?
- A - U - D 53. What are the effects of smoking upon one's health?
- A - U - D 54. Why do factories and other industries protect the health of their workers?
- A - U - D 55. What food deficiency diseases (pellagra, rickets, etc.) are most likely to result from the diet restrictions imposed upon the civilian populations of Europe?
- A - U - D 56. Can a sick person be cared for just as well in the home as in the hospital?
- A - U - D 57. What is health insurance?
- A - U - D 58. Why should we learn something about caring for sick people when we aren't interested in becoming a nurse?

~~4~~

- A - U - D 59. How can a person in the home who knows something about home nursing help a physician?
- A - U - D 60. Why learn about first aid if it is so important for a person with an accident to see his physician anyway?
- A - U - D 61. Are women who have not had hospital training but who have had a lot of experience in taking care of sick people able to do all the things a registered nurse can do?
- A - U - D 62. Why is there so much emphasis on urging high school students to learn about the health professions?

This inventory is an adaptation of Inventory 1.3 Health Interests Corporative Study in General Education, American Council on Education, 5835 Kimbark Avenue, Chicago, Illinois. Acknowledgement is made also to the Massachusetts Department of Education and Massachusetts Department of Health.



State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

Inventory I  
Summary CHSP-1943-44-4a

WHAT WOULD YOU LIKE TO KNOW? (INTERESTS)

School \_\_\_\_\_ Location \_\_\_\_\_

Date inventory was given \_\_\_\_\_ Teacher Reporting \_\_\_\_\_

Number of students taking this inventory \_\_\_\_\_ girls \_\_\_\_\_ boys.

SUMMARY OF CLASS RESPONSES\*

"A" - Question is interesting and should be dealt with in school.  
"U" - Question is interesting but should not be dealt with in school.  
"D" - Question is not interesting

ITEM	A	U	D	ITEM	A	U	D
Example	174	111	11	16			
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			

\*There is no preferred response (key) for this inventory, since interests are an individual matter.





ITEM	A	U	D	ITEM	A	U	D
32				49			
33				50			
34				51			
35				52			
36				53			
37				54			
38				55			
39				56			
40				57			
41				58			
42				59			
43				60			
44				61			
45				62			
46				TOTAL			
47							
48							

NOTE: Items 1 to 24, both inclusive, relate to Unit II  
 Items 24 to 46, both inclusive, relate to Unit III  
 Items 47 to 54, both inclusive, relate to Unit IV  
 Items 55 to 60, both inclusive, relate to Unit V  
 Items 61 to 62, both inclusive, relate to Unit VI



State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

Name \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

WHAT DO YOU BELIEVE? (ATTITUDE)

The following statements represent opinions about various phases of health. Some opinions have greater support in science than others. Feel free to express your own opinion about each statement immediately after you read it.

Directions: Encircle the A, U, or D as follows: (A) if you agree with the whole statement, (U) if you are uncertain about the whole statement, or (D) if you disagree with the whole statement.

Example: (A) - U - D 1. All high schools should offer a course in health.

- - - - -

- A - U - D 1. All members of the family should have regular health appraisals even if they are not sick.
- A - U - D 2. Failure to have a periodic health examination (appraisal) is one characteristic of poor citizenship.
- A - U - D 3. If two people say that certain foods produce different effects on their skins, one or both probably made incorrect observations.
- A - U - D 4. Any effects, resulting from the overuse or misuse of cosmetics, are entirely the concern of the person involved and no one else's.
- A - U - D 5. A thorough examination of the eye usually can be made more satisfactorily with the use of drops in the eyes.
- A - U - D 6. Persons who can read without glasses never need glasses.
- A - U - D 7. All persons who are hard of hearing should learn to read lips.
- A - U - D 8. Dentists now believe that the chief cause of tooth decay is failure to brush the teeth daily.
- A - U - D 9. The fact that some deodorants act by stopping nature's method of eliminating moisture makes the use of such deodorants undesirable.
- A - U - D 10. Seating and lighting may affect posture.
- A - U - D 11. Artificial light can never be as good for vision as natural sunlight.
- A - U - D 12. Health articles in magazines and papers should always be considered safe health information.



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- A - U - D 13. A person should wear fashionable shoes, even if they are slightly uncomfortable.
- A - U - D 14. A person should investigate a thing that makes him afraid.
- A - U - D 15. Even in those cases where the use of high heels results in falls and crippled feet, it is that person's own business and no one else's if she wishes to wear high heels.
- A - U - D 16. The habitual use of laxatives to cure constipation will tend to remove the cause.
- A - U - D 17. We should make a conscious effort to breath deeply in order to be sure that a sufficient amount of oxygen enters the body.
- A - U - D 18. Everyone should get the same amount of daily exercise.
- A - U - D 19. If a person believes that some fat or starchy food causes his skin to be excessively oily, he should eliminate all such food from his diet.
- A - U - D 20. The danger of disease from raw uncooked fruits and vegetables requires that they should be kept at a minimum in the diet.
- A - U - D 21. If one is going on a diet, he should do so under a physician's guidance.
- A - U - D 22. The natural form of vitamins obtained from a balanced diet causes the vitamins to be more effective in the body than those obtained from artificial "vitamin capsules."
- A - U - D 23. A room temperature within two degrees of 70° Fahrenheit is the most healthful for everybody.
- A - U - D 24. After any serious illness a person should have his heart examined.
- A - U - D 25. A person should try to cure cancer by changing his eating habits.
- A - U - D 26. If a person is willing to take the consequences, it is his own business and no one else's if he wants to be careless about exposing himself to disease.
- A - U - D 27. Teachers and parents should know the signs of communicable diseases.
- A - U - D 28. A school child with a "fresh cold" should stay at home.
- A - U - D 29. There should be more training or education for marriage.
- A - U - D 30. A pregnant woman should be considered a sick person; she should try to carry on but very few of her usual routine duties and should rest continuously.
- A - U - D 31. Bearing a child in most cases permanently spoils a woman's beauty.

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- A - U - D 32. Doctors should wash the eyes of a newly born baby with a solution to destroy germs.
- A - U - D 33. A child does not need to go to the dentist until after the first permanent teeth appear.
- A - U - D 34. Individuals have an obligation to alleviate the malnutrition of children which is prevalent in many places throughout the country.
- A - U - D 35. Families may safely employ household help without insisting that they have a health examination.
- A - U - D 36. Homes should have fire extinguishers ready for use.
- A - U - D 37. Inoculations against communicable diseases may not always give full immunity against that disease.
- A - U - D 38. A clear sparkling water is always pure and safe.
- A - U - D 39. People who occasionally visit with tuberculous friends at a sanatorium are likely to become infected.
- A - U - D 40. A person is very likely to become infected with syphilis in a public toilet.
- A - U - D 41. Airplanes arriving from certain foreign countries should be quarantined until inspected and sprayed for insects.
- A - U - D 42. Pet dogs need not be inoculated against rabies.
- A - U - D 43. Schools should be permitted to give instruction in sex education.
- A - U - D 44. Health departments do much of their enforcement of health laws and regulations through the education of the public.
- A - U - D 45. The United States should cooperate with all other nations in the control of disease.
- A - U - D 46. Health agencies should work independently of each other.
- A - U - D 47. Any person buying unpasteurized milk in a locality where pasteurization is required is as much of a "slacker" to democracy as the person selling the milk.
- A - U - D 48. If people are willing to take the risk, they should be permitted to buy meat which has not been inspected.
- A - U - D 49. Because pasteurizing milk is an artificial process, the process of pasteurizing milk makes such milk less desirable than raw (unpasteurized) milk.
- A - U - D 50. The health department should be consulted in any housing program.



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- A - U - D 51. It should be illegal to put sugar in an open container in restaurants.
- A - U - D 52. Legislation should be passed which would invoke a serious penalty on manufacturers of drugs who fail to caution on the dangers involved in the use of their products.
- A - U - D 53. The danger that the use of face creams and powders will mar personal appearance constitutes more of a peril than the danger arising from the use of self-prescribed drugs.
- A - U - D 54. People who know consider health advertising over the radio to be always in the best interest of the public.
- A - U - D 55. The manufacturers of certain products like cosmetics, toothpaste, "drugs", etc. rather than the consumer should take the major responsibility for any danger involved in the use of the product even though reliable sources of information describing such products are available.
- A - U - D 56. The use of tobacco, alcohol, and other similar substances is contrary to the way nature intended man to live.
- A - U - D 57. Child labor should be regulated by law.
- A - U - D 58. Any person should be refused a permit to drive an automobile if he is found guilty of driving soon after drinking alcoholic beverages.
- A - U - D 59. Public health agencies in the goiter belt should insist that children receive sufficient iodine.
- A - U - D 60. The home care of the sick is a responsibility usually assumed by the mother.
- A - U - D 61. It should be possible for high school girls to receive training in the performance of simple nursing skills.
- A - U - D 62. One of the newest professions for women is that of dental assistant or dental hygienist.
- A - U - D 63. It is considered unnecessary for a public health nurse to have regular nurse's training.
- A - U - D 64. High school girls should plan their school courses according to what they are likely to do when they graduate.

This inventory is an adaptation of Inventory 1.4 Health Attitudes, Cooperative Study in General Education, American Council on Education, 5835 Kimbark Avenue Chicago, Illinois. Acknowledgement is made also to the Massachusetts Department of Education and Massachusetts Department of Health.

State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

WHAT DO YOU BELIEVE? (ATTITUDES) - KEY AND SUMMARY SHEET

School \_\_\_\_\_ Location \_\_\_\_\_

Date inventory was given \_\_\_\_\_ Teacher reporting \_\_\_\_\_

Number of students taking this inventory \_\_\_\_\_ girls \_\_\_\_\_ boys.

ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	AGREE	UNCERTAIN	DISAGREE
Example	A	/// III	III	///
1	A			
2	A			
	D			
4	D			
5	A			
6	D			
7	D			
8	D			
9	D			
10	A			
11	D			
12	D			
13	D			
14	A			
15	D			
16	D			
17	D			
18	D			
19	D			
20	D			





ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	AGREE	UNCERTAIN	DISAGREE
21	A			
22	A			
23	D			
24	A			
25	D			
26	D			
27	A			
28	A			
29	A			
30	D			
31	D			
32	A			
33	D			
34	A			
35	D			
36	A			
37	A			
38	D			
39	D			
40	D			
41	A			
42	D			
43	A			
44	A			
45	A			
46	D			
47	A			

Date		Description		Amount	
1917	Jan 1	Balance		100.00	
	Jan 2	Jan 3	Jan 4	Jan 5	Jan 6
	Jan 7	Jan 8	Jan 9	Jan 10	Jan 11
	Jan 12	Jan 13	Jan 14	Jan 15	Jan 16
	Jan 17	Jan 18	Jan 19	Jan 20	Jan 21
	Jan 22	Jan 23	Jan 24	Jan 25	Jan 26
	Jan 27	Jan 28	Jan 29	Jan 30	Jan 31
	Feb 1	Feb 2	Feb 3	Feb 4	Feb 5
	Feb 6	Feb 7	Feb 8	Feb 9	Feb 10
	Feb 11	Feb 12	Feb 13	Feb 14	Feb 15
	Feb 16	Feb 17	Feb 18	Feb 19	Feb 20
	Feb 21	Feb 22	Feb 23	Feb 24	Feb 25
	Feb 26	Feb 27	Feb 28	Feb 29	Feb 30
	Mar 1	Mar 2	Mar 3	Mar 4	Mar 5
	Mar 6	Mar 7	Mar 8	Mar 9	Mar 10
	Mar 11	Mar 12	Mar 13	Mar 14	Mar 15
	Mar 16	Mar 17	Mar 18	Mar 19	Mar 20
	Mar 21	Mar 22	Mar 23	Mar 24	Mar 25
	Mar 26	Mar 27	Mar 28	Mar 29	Mar 30
	Mar 31	Apr 1	Apr 2	Apr 3	Apr 4
	Apr 5	Apr 6	Apr 7	Apr 8	Apr 9
	Apr 10	Apr 11	Apr 12	Apr 13	Apr 14
	Apr 15	Apr 16	Apr 17	Apr 18	Apr 19
	Apr 20	Apr 21	Apr 22	Apr 23	Apr 24
	Apr 25	Apr 26	Apr 27	Apr 28	Apr 29
	Apr 30	May 1	May 2	May 3	May 4
	May 5	May 6	May 7	May 8	May 9
	May 10	May 11	May 12	May 13	May 14
	May 15	May 16	May 17	May 18	May 19
	May 20	May 21	May 22	May 23	May 24
	May 25	May 26	May 27	May 28	May 29
	May 30	May 31	Jun 1	Jun 2	Jun 3
	Jun 4	Jun 5	Jun 6	Jun 7	Jun 8
	Jun 9	Jun 10	Jun 11	Jun 12	Jun 13
	Jun 14	Jun 15	Jun 16	Jun 17	Jun 18
	Jun 19	Jun 20	Jun 21	Jun 22	Jun 23
	Jun 24	Jun 25	Jun 26	Jun 27	Jun 28
	Jun 29	Jun 30	Jul 1	Jul 2	Jul 3
	Jul 4	Jul 5	Jul 6	Jul 7	Jul 8
	Jul 9	Jul 10	Jul 11	Jul 12	Jul 13
	Jul 14	Jul 15	Jul 16	Jul 17	Jul 18
	Jul 19	Jul 20	Jul 21	Jul 22	Jul 23
	Jul 24	Jul 25	Jul 26	Jul 27	Jul 28
	Jul 29	Jul 30	Jul 31	Aug 1	Aug 2
	Aug 3	Aug 4	Aug 5	Aug 6	Aug 7
	Aug 8	Aug 9	Aug 10	Aug 11	Aug 12
	Aug 13	Aug 14	Aug 15	Aug 16	Aug 17
	Aug 18	Aug 19	Aug 20	Aug 21	Aug 22
	Aug 23	Aug 24	Aug 25	Aug 26	Aug 27
	Aug 28	Aug 29	Aug 30	Aug 31	Sep 1
	Sep 2	Sep 3	Sep 4	Sep 5	Sep 6
	Sep 7	Sep 8	Sep 9	Sep 10	Sep 11
	Sep 12	Sep 13	Sep 14	Sep 15	Sep 16
	Sep 17	Sep 18	Sep 19	Sep 20	Sep 21
	Sep 22	Sep 23	Sep 24	Sep 25	Sep 26
	Sep 27	Sep 28	Sep 29	Sep 30	Sep 31
	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5
	Oct 6	Oct 7	Oct 8	Oct 9	Oct 10
	Oct 11	Oct 12	Oct 13	Oct 14	Oct 15
	Oct 16	Oct 17	Oct 18	Oct 19	Oct 20
	Oct 21	Oct 22	Oct 23	Oct 24	Oct 25
	Oct 26	Oct 27	Oct 28	Oct 29	Oct 30
	Oct 31	Nov 1	Nov 2	Nov 3	Nov 4
	Nov 5	Nov 6	Nov 7	Nov 8	Nov 9
	Nov 10	Nov 11	Nov 12	Nov 13	Nov 14
	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19
	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24
	Nov 25	Nov 26	Nov 27	Nov 28	Nov 29
	Nov 30	Dec 1	Dec 2	Dec 3	Dec 4
	Dec 5	Dec 6	Dec 7	Dec 8	Dec 9
	Dec 10	Dec 11	Dec 12	Dec 13	Dec 14
	Dec 15	Dec 16	Dec 17	Dec 18	Dec 19
	Dec 20	Dec 21	Dec 22	Dec 23	Dec 24
	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29
	Dec 30	Dec 31	Total		



KEY		SUMMARY OF RESPONSES		
ITEM	PREFERRED RESPONSES	AGREE	UNCERTAIN	DISAGREE
48	D			
49	D			
50	A			
51	A			
52	A			
53	D			
54	D			
55	A			
56	D			
57	A			
58	A			
59	A			
60	A			
61	A			
62	A			
63	D			
64	A			
TOTAL SUMMARY				

NOTE: Items 1 to 24, both inclusive, relate to Unit II  
 Items 25 to 36, both inclusive, relate to Unit III  
 Items 37 to 59, both inclusive, relate to Unit IV  
 Items 60 to 61, both inclusive, relate to Unit V  
 Items 62 to 64, both inclusive, relate to Unit VI





State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

Name \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

WHAT DO YOU THINK? (INFORMATION)

This inventory is not for the purpose of a test but to help you determine the extent of your knowledge of certain kinds of health information. The results will be a guide to you in the selection of problems you wish to consider in the Community Health Service Course.

Directions: Read each of the following statements carefully, and encircle either the A, U, or D as follows: (A) if you agree that the statement is true; (U) if you are uncertain as to whether the statement is true or false; or (D) if you disagree with the statement and believe it false.

Example: A - U - (D) 1. Green vegetables are high in fuel value.

- 
- A - U - D 1. Periodic health appraisals determine individual health status.
- A - U - D 2. Blackheads frequently precede acne.
- A - U - D 3. Scabies is not considered a contagious skin disease.
- A - U - D 4. An optician is a medical doctor.
- A - U - D 5. Particles can often be removed from the eye by closing the lid and allowing tears to accumulate.
- A - U - D 6. Natural or artificial light shining directly into the eyes is good for reading.
- A - U - D 7. Vigorous blowing of the nose never forces infection into the ears.
- A - U - D 8. Loss of hearing frequently progresses so slowly that the person affected seldom notices it.
- A - U - D 9. Dental decay is the result of a lack of brushing.
- A - U - D 10. Posture is affected by nutrition.
- A - U - D 11. Corns and callouses are rarely caused by ill-fitting shoes.
- A - U - D 12. The boastful person is one who feels secure in any situation.
- A - U - D 13. Extreme fatigue is conducive to good sleep.
- A - U - D 14. In most instances patent reducing medicines are safe.
- A - U - D 15. The daily diet should be built around protective foods.

-2-

- A - U - D 16. The growing child needs more calcium daily than does the adult.
- A - U - D 17. Vaccination is used to prevent smallpox.
- A - U - D 18. Certain communicable diseases are preventable through immunization.
- A - U - D 19. Heart disease is the chief cause of death in Michigan.
- A - U - D 20. Rheumatic fever often precedes heart disease.
- A - U - D 21. The earlier the diagnosis of cancer the greater are the chances of recovery.
- A - U - D 22. Michigan premarital physical examination law has been developed to protect mothers and babies.
- A - U - D 23. Intelligence is not influenced by heredity.
- A - U - D 24. The diet recommended for the expectant mother includes all of the foods required for the health of any other individual but with the amount of milk increased.
- A - U - D 25. The first visit of the expectant mother to her physician is advisable during the fifth month.
- A - U - D 26. The home is always the safest place for a baby to be born.
- A - U - D 27. Michigan laws require the doctor to put silver nitrate drops in the eyes of the newborn.
- A - U - D 28. Only conditions harmful to the baby or mother should stand in the way of the baby being breast fed.
- A - U - D 29. The baby's daily schedule is not important to his behavior pattern.
- A - U - D 30. All states have laws requiring the birth of every baby to be registered promptly.
- A - U - D 31. Social habits are formed as early as the years one to six.
- A - U - D 32. Dental examinations should begin at the sixth year.
- A - U - D 33. Few children enter the kindergarten with physical defects.
- A - U - D 34. More accidents occur in the home than any other place.
- A - U - D 35. Self treatment for syphilis is recommended.
- A - U - D 36. Malaria is spread by certain kinds of mosquitoes.
- A - U - D 37. The Tuberculin Test determines sensitivity to the tuberculosis germ.
- A - U - D 38. Syphilis is a disease limited to adults.



-3-

- A - U - D 39. Tuberculosis always comes from someone who has the disease.
- A - U - D 40. The germ causing syphilis may live a long time in the open air.
- A - U - D 41. The common cold is spread by infected saliva, particularly during the first twenty-four hours after its onset.
- A - U - D 42. A disease which is spread from one person to another by means of germs is called a communicable disease.
- A - U - D 43. The incubation period is the same for all communicable diseases.
- A - U - D 44. Disease germs enter the body most commonly through a break in the skin.
- A - U - D 45. Carriers are persons who harbor germs within their own bodies but do not show signs of the disease.
- A - U - D 46. Soap and hot water are good disinfectants.
- A - U - D 47. The housing problem is not a responsibility of a health department.
- A - U - D 48. Raw milk may be made safe for consumption by home pasteurization.
- A - U - D 49. Chlorination is one means of water purification.
- A - U - D 50. Every community requires food handlers to have health examinations.
- A - U - D 51. Meat can be shipped from one state to another without Federal inspection.
- A - U - D 52. There are no known communicable diseases spread by sewage.
- A - U - D 53. Both high and low temperature may be used to control food spoilage.
- A - U - D 54. Enforcement of state laws regarding health and disease is not a function of local health departments.
- A - U - D 55. Quarantine regulations are enforced by the health department.
- A - U - D 56. Health departments are most often supported by taxation.
- A - U - D 57. The Visiting Nurse Association is a non-official, private organization.
- A - U - D 58. Patent medicines rarely contain habit forming drugs.
- A - U - D 59. Narcotics can be purchased from any drug store without a doctor's prescription.
- A - U - D 60. Many large factories in Michigan require health examinations before employing workers.
- A - U - D 61. The psychologic factor is unimportant in the feeding of patients.



-4-

- A - U - D 62. Clinical thermometers should be read quickly before the mercury returns to the bulb.
- A - U - D 63. Scurvy and nightblindness are considered deficiency diseases.
- A - U - D 64. A liquid diet is usually given at two or three hour intervals.
- A - U - D 65. Wrinkles in the bedding never contribute to pressure sores.
- A - U - D 66. Rickets affect bone development of young children.
- A - U - D 67. A disagreeable medicine should be presented to the patient at the same time as the food tray.
- A - U - D 68. The health of the individual should be considered carefully in choosing a vocation.
- A - U - D 69. Opportunities for working in the field of nutrition are limited.
- A - U - D 70. The U. S. Cadet Nurse Corps is increasing the number of student nurses.

## Inventory III

Key &amp; Summary CHSP-1943-44-6a

State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

WHAT DO YOU THINK? (INFORMATION) - KEY AND SUMMARY SHEET

School \_\_\_\_\_ Location \_\_\_\_\_

Date inventory was given \_\_\_\_\_ Teacher reporting \_\_\_\_\_

Number of students taking this inventory \_\_\_\_\_ girls \_\_\_\_\_ boys.

ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	AGREE	UNCERTAIN	DISAGREE
Example	A	/// III	///	///
1	A			
2	A			
3	D			
4	D			
5	A			
6	D			
7	D			
8	A			
9	A			
10	A			
11	D			
12	D			
13	D			
14	D			
15	A			
16	A			
17	A			
18	A			
19	A			
20	A			





ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	AGREE	UNCERTAIN	DISAGREE
21	A			
22	A			
23	D			
24	A			
25	D			
26	D			
27	A			
28	A			
29	D			
30	A			
31	A			
32	D			
33	D			
34	A			
35	D			
36	A			
37	A			
38	D			
39	A			
40	D			
41	A			
42	A			
43	D			
44	D			
45	A			
46	A			
47	D			





ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	AGREE	UNCERTAIN	DISAGREE
48	A			
49	A			
50	D			
51	D			
52	D			
53	A			
54	D			
55	A			
56	A			
57	A			
58	D			
59	D			
60	A			
61	D			
62	D			
63	A			
64	A			
65	D			
66	A			
67	D			
68	A			
69	D			
70	A			
TOTAL SUMMARY				

NOTE: Items 1 to 16, both inclusive, relate to Unit II  
 Items 17 to 34, both inclusive, relate to Unit III  
 Items 35 to 60, both inclusive, relate to Unit IV  
 Items 61 to 67, both inclusive, relate to Unit V  
 Items 68 to 70, both inclusive, relate to Unit VI





State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

WHAT DO YOU DO? (PRACTICE)

Name \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Here is an opportunity to express yourself frankly on just what you do. This account will be helpful in giving directions to you in future health practices as well as to the total program of your school.

Directions: The following list of items represent some activities in which people engage. Read each item and encircle the A, U, or D as follows: (A) if you frequently do it or if it happens to you frequently; (U) if you occasionally do it or if it happens to you occasionally; or (D) if you never do it or if it never happens to you.

Example: (A) - U - D 1. Eat some vegetables and fruit every day.

-----  
A - U - D 1. Have a periodic health appraisal by your physician.

A - U - D 2. Visit a dentist regularly.

A - U - D 3. Open any blister to remove its watery content.

A - U - D 4. Treat skin disorders (acne, rash, boils, athlete's foot, etc.) with common drugstore preparations.

A - U - D 5. Bite fingernails.

A - U - D 6. Use your own comb, brush, and towel.

A - U - D 7. Remove excess hair on the face and limbs by means of a paste or solution.

A - U - D 8. Have eyes examined by ophthalmologist or oculist if eye strain occurs.

A - U - D 9. Read when lying flat on the back.

A - U - D 10. Have ears examined if hearing is difficult.

A - U - D 11. Brush your teeth twice each day.

A - U - D 12. Try to remind yourself to stand and sit correctly to improve posture.

A - U - D 13. Fail to dry between toes after bathing.

A - U - D 14. Brood over failures.

A - U - D 15. Budget your time and try to stay within this plan.



-2-

- A - U - D 16. Try to avoid over-fatigue.
- A - U - D 17. Sleep in a well ventilated room.
- A - U - D 18. Get at least eight hours of sleep each night.
- A - U - D 19. Take a laxative or cathartic if elimination does not take place normally.
- A - U - D 20. Wash hands before eating or handling food.
- A - U - D 21. Omit baths during the menstrual period.
- A - U - D 22. Wear overshoes or rubbers during wet, cold weather.
- A - U - D 23. Eat dried beans and peas, eggs and milk products as a substitute for meat.
- A - U - D 24. Eat apples, plums, grapes, and other fruit without having them washed.
- A - U - D 25. Consciously try to get "balanced meals" when eating at cafeterias or restaurants.
- A - U - D 26. Eat between meals.
- A - U - D 27. Eat breakfast every day.
- A - U - D 28. Use iodized salt regularly.
- A - U - D 29. Include milk or milk products in daily diet.
- A - U - D 30. Avoid over-exposure to sun.
- A - U - D 31. Take inoculation against typhoid in event of a flood.
- A - U - D 32. Use pans of water or other humidifying devices to add moisture to indoor air.
- A - U - D 33. Have a chest X-ray if recommended by the physician.
- A - U - D 34. Would not have a blood test such as the Kahn or Wasserman test if recommended by the physician.
- A - U - D 35. Read authentic books or pamphlets on prevention and control of syphilis.
- A - U - D 36. Practice safety measures in home and school.
- A - U - D 37. Know the location of fire extinguishers on each floor of your high school building.
- A - U - D 38. Walk on the right side of road when walking along a highway.

-3-

- A - U - D 39. Read the label on any medicine container before taking or giving a dose.
- A - U - D 40. Become informed about marriage laws for your state.
- A - U - D 41. Consult your doctor and public health nurse for correct information on maternal health.
- A - U - D 42. Assume the responsibility of helping young children form good health and safety practices such as feeding themselves, going to bed, crossing the street.
- A - U - D 43. Learn whether or not your birth has been registered.
- A - U - D 44. Help to improve eating habits of others.
- A - U - D 45. Report suspicious contagion to school or health authorities.
- A - U - D 46. Would have the Pasteur treatment if bitten by a dog with rabies.
- A - U - D 47. Avoid crowds when you are in contagious stages of a cold.
- A - U - D 48. Observe and use professional methods of sterilization in the home.
- A - U - D 49. Consult health department sanitarian regarding such problems as water and milk supply, food handling and sewage disposal.
- A - U - D 50. Check on the purity of drinking water when making any trip.
- A - U - D 51. Become informed about laws condemning housing in your area.
- A - U - D 52. Detect and help to eliminate breeding places for mosquitoes and flies.
- A - U - D 53. Wash dishes according to sanitary procedures.
- A - U - D 54. Use milk which has not been pasteurized.
- A - U - D 55. When purchasing meat look for stamp of inspection.
- A - U - D 56. Assist the custodian (janitor) in the maintenance of sanitary surroundings by proper health practices in the washrooms.
- A - U - D 57. Use patent medicines for a cold.
- A - U - D 58. Smoke cigarettes.
- A - U - D 59. Drink alcoholic beverages.
- A - U - D 60. Help others make use of bedside nursing care, clinics, and educational services available at local nursing agencies.
- A - U - D 61. Have had an opportunity to take temperature, pulse, and respiration on a sick person.

~~4~~

- A - U - D 62. Make a bed correctly every day.
- A - U - D 63. Read recent materials about health vocations.
- A - U - D 64. Confer with people in health professions concerning requirements of these professions.
- A - U - D 65. Observe health personnel at work.

This inventory is an adaptation of Inventory 1.1 Health Activities, Cooperative Study in General Education, American Council on Education, 5835 Kimbark Avenue, Chicago, Illinois. Acknowledgement is made also to the Massachusetts Department of Education and Massachusetts Department of Health.



## Inventory IV

Key &amp; Summary CHSP-1943-44-7a

State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

WHAT DO YOU DO (PRACTICES) - KEY AND SUMMARY SHEET

School \_\_\_\_\_ Location \_\_\_\_\_

Date inventory was given \_\_\_\_\_ Teacher reporting \_\_\_\_\_

Number of students taking this inventory \_\_\_\_\_ girls \_\_\_\_\_ boys.

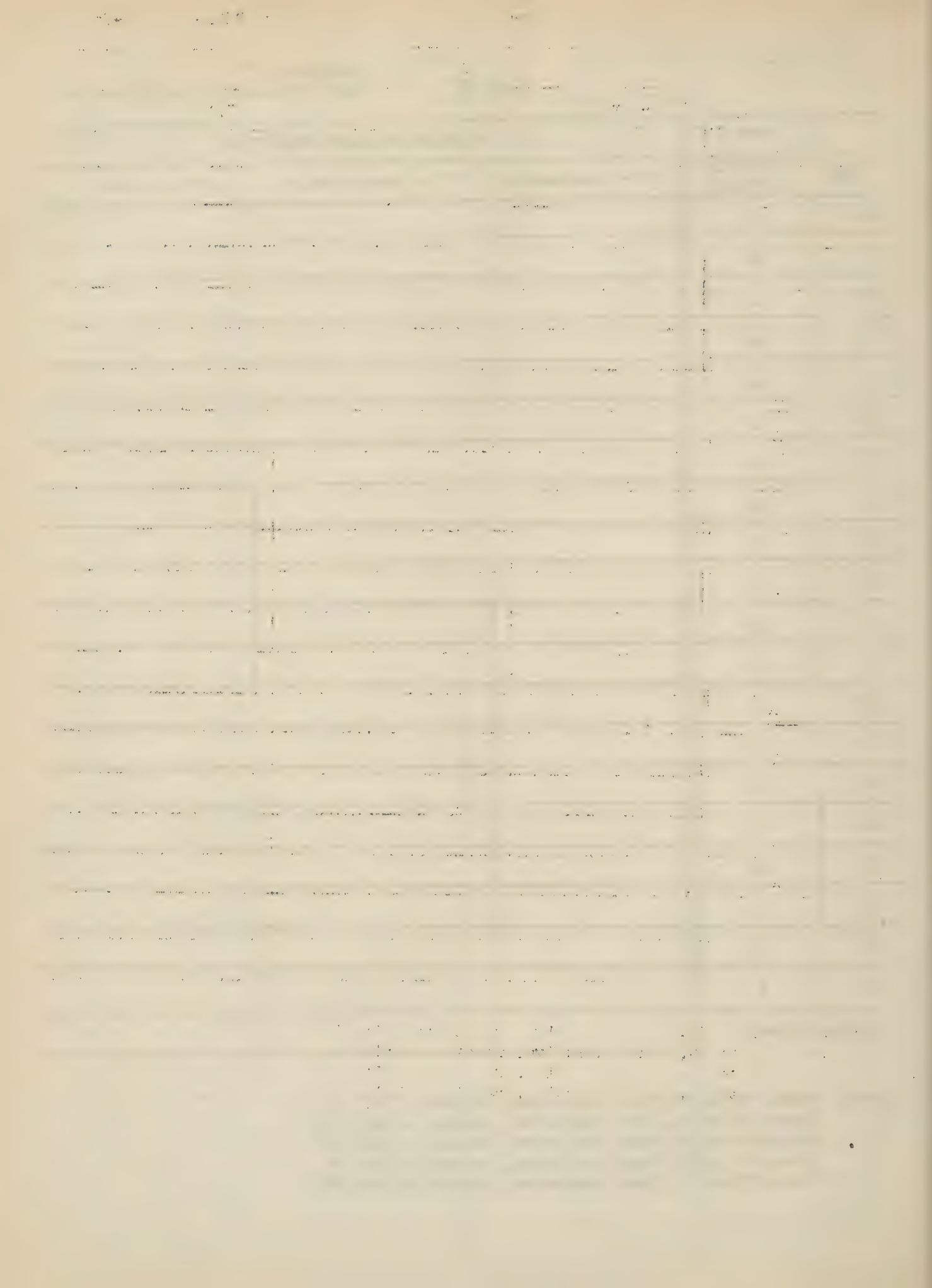
ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	"A" Frequently do it or it happens to me frequently	"U" Occasionally do it or it happens to me occasionally	"D" Never do it or it never happens to me
Example	A			
1	A			
2	A			
3	D			
4	D			
5	D			
6	A			
7	D			
8	A			
9	D			
10	A			
11	A			
12	A			
13	D			
14	D			
15	A			
16	A			
17	A			
18	A			



ITEM	KEY	SUMMARY OF CLASS RESPONSES		
	PREFERRED RESPONSE	"A" - Frequently	"U"-Occasionally	"D"- Never
19	D			
20	A			
21	D			
22	A			
23	A			
24	D			
25	A			
26	D			
27	A			
28	A			
29	A			
30	A			
31	A			
32	A			
33	A			
34	D			
35	A			
36	A			
37	A			
38	D			
39	A			
40	A			
41	A			
42	A			
43	A			
44	A			
45	A			

	KEY	SUMMARY OF CLASS RESPONSES		
ITEM	PREFERRED RESPONSE	"A" - Frequently	"U" - Occasionally	"D" - Never
46	A			
47	A			
48	A			
49	A			
50	A			
51	A			
52	A			
53	A			
54	D			
55	A			
56	A			
57	D			
58	D			
59	D			
60	A			
61	A			
62	A			
63	A			
64	A			
65	A			
TOTAL SUMMARY				

NOTE: Items 1 to 30, both inclusive, relate to Unit II  
 Items 31 to 44, both inclusive, relate to Unit III  
 Items 45 to 59, both inclusive, relate to Unit IV  
 Items 60 to 62, both inclusive, relate to Unit V  
 Items 63 to 65, both inclusive, relate to Unit VI





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State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

OBSERVATION RECORD OF NURSING PROCEDURES

This material is a suggested procedure for five of the most essential nursing skills included in the teaching content of the Community Health Service Project. The steps are given in detail and may well serve as a teaching guide to the nurse and as a practice guide to the classroom teacher or student when returning the demonstrations.

The high school edition of the American Red Cross Home Nursing textbook has been used as a basis for the procedures.

DIRECTIONS

1. Space has been indicated for recording the date the demonstration was given, and the date the demonstration was returned by the student, making it possible to determine the interval between the two.
2. Space is allotted for checking two or more practice sessions. This has the advantage of showing whether the opportunity has ever been given to practice the whole procedure.

SUGGESTIONS FOR USE

1. Each student may be given a set of these five nursing procedures at the time of the demonstration, as an aid to learning.
2. The students may use the nursing procedures in checking each others practice of the procedure, in the classroom or elsewhere, during or outside of school hours.
3. Time may not permit each student to perform all five of the nursing procedures from beginning to end. If so, the students may work in groups of two or more, each group practicing one of the skills.
4. The rating of the nursing procedure may be done by the nurse, teacher, or student.

1. The first part of the document

describes the general situation

and the main objectives of the study

The second part of the document

describes the methodology used in the study

The third part of the document

describes the results of the study

The fourth part of the document

describes the conclusions of the study



## Observation Record of a Nursing Skill

## II. Making an Empty Bed

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

(Demonstration given)

Directions: The observer will insure that the necessary materials and equipment are at hand before the procedure is started. The observer will check (x) before each item the performance of the various steps. Steps omitted will be left unchecked.

A. Materials or Equipment

This observation will assume the necessary materials or equipment for carrying out the procedure.

B. Procedure (Check)      Date demonstration was returned \_\_\_\_\_  
Practico:

- |       |     |   |
|-------|-----|---|
| _____ | 1.  | Place a chair near open window.   |
| _____ | 2.  | Loosen the bed covering all around.   |
| _____ | 3.  | Remove the pillows and place them on the seat of the chair.   |
| _____ | 4.  | Remove the spread, fold, and place over back of chair.  |
| _____ | 5.  | Remove the blankets singly, fold and place over back of chair.  |
| _____ | 6.  | Remove the sheets, fold if to be used again, place over back of chair.  |
| _____ | 7.  | Remove the mattress protector, place over back of the chair.  |
| _____ | 8.  | Turn the mattress.  |
| _____ | 9.  | Replace mattress protector.   |
| _____ | 10. | Place the lower sheet on the bed with rough side of hem down, middle fold in the center of the bed and enough linen to cover the head of the mattress securely.   |
| _____ | 11. | Tuck the sheet well under the head of the mattress, make envelope or square corner, tuck in at the foot of the bed, fold the corner; lastly, tighten sheet by tucking it in well, along the side of the bed.          |
| _____ | 12. | Place the top sheet on the bed with rough side of wide hem up, middle fold in the center of the bed, and allow enough sheet at the head to fold over the blanket and a sufficient amount to tuck in well at the foot. |
| _____ | 13. | Tuck sheet well under foot of mattress, fold the corner.  |
| _____ | 14. | Place the blankets on the bed singly.   |
| _____ | 15. | Fold the upper sheet back over the blankets.  |
| _____ | 16. | Place the spread on the bed.  |
| _____ | 17. | Place the pillows flat on the bed.  |
| _____ | 18. | Turn the spread back over the pillows and tuck in.  |

C. Rating of the Skill. (Rate the performance of the nursing skill by checking one of the following characterizations:

- |       |    |   |
|-------|----|---|
| _____ | 1. | Done quickly, confidently, and efficiently. |
| _____ | 2. | Done uncertainly but effectively.           |
| _____ | 3. | Done carelessly and inefficiently.          |

D. Comments:

\_\_\_\_\_  
 \_\_\_\_\_



THE UNIVERSITY OF CHICAGO

## Observation Record of a Nursing Skill

II. Temperature, Pulse, and Respiration

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
(Demonstration given)

Directions: The observer will check (x) before each item the performance of the various steps. Steps omitted will be left unchecked.

A. Equipment for taking the temperature by mouth.Practice:

- \_\_\_ 1. Tray (cake pan, saucer, or a box lid.)
- \_\_\_ 2. Absorbent cotton.
- \_\_\_ 3. Soap.
- \_\_\_ 4. Glass for clear water.
- \_\_\_ 5. Bag for waste cotton.

B. Procedure for taking temperature. (Date demonstration was returned \_\_\_\_\_)

- \_\_\_ 1. Wash your hands with soap and water.
- \_\_\_ 2. Grasp the thermometer firmly at end opposite bulb.
- \_\_\_ 3. Shake the mercury down below the 96° mark.
- \_\_\_ 4. Rinse the thermometer under cold running water.
- \_\_\_ 5. Place the bulb end in the patient's mouth, well under the tongue, and instruct him to keep the lips firmly closed. Let the thermometer remain 2 or 3 minutes.
- \_\_\_ 6. Remove the thermometer from the mouth, wipe off with a pledget of dry cotton using a rotary motion from the top downward toward the bulb.
- \_\_\_ 7. Locate the column of mercury and note the point where it has stopped. Record on paper or the patient's record the temperature and the hour taken.
- \_\_\_ 8. Moisten a piece of cotton with water and soap, hold the thermometer (bulb down) over paper bag and wipe from the top toward the bulb, using a rotary motion.
- \_\_\_ 9. Put soiled cotton in the paper bag.
- \_\_\_ 10. Run the thermometer under cold running water.
- \_\_\_ 11. Dry thermometer thoroughly with a piece of clean cotton and place it in a case or box, or it may be kept in a glass of antiseptic until it is to be used again.
- \_\_\_ 12. Wash your hands after taking the temperature.

C. Procedure for taking pulse and respiration.Pulse:

- \_\_\_ 1. Place 2 or 3 fingers (not the thumb) on the inside of the patient's wrists, just below the base of the thumb.
- \_\_\_ 2. As soon as the pulse is located, note the exact time by the second hand on the watch and begin counting immediately.
- \_\_\_ 3. Count carefully for a full minute.

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II. Temperature, Pulse, and Respiration (Continued)Respiration:

- \_\_\_\_ 4. While keeping the fingers on the wrist, apparently counting the pulse, without changing position or making comment, watch the rise and fall of the patient's chest.
- \_\_\_\_ 5. Count the number of breaths for a full minute by the second hand on the watch.

D. Rating of the Skill

Rate the performance of the nursing skill by checking one of the following characterizations:

- \_\_\_\_ 1. Done quickly, confidently, and efficiently.
- \_\_\_\_ 2. Done uncertainly but effectively.
- \_\_\_\_ 3. Done carelessly and inefficiently.

E. Comments

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## Observation Record of a Nursing Skill

III. Bed Bath

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
(Demonstration given)

Directions: The observer will check (x) before each item the performance of the various steps. Steps omitted will be left unchecked.

A. Equipment

This observation will assume the necessary materials or equipment for carrying out the procedure.

B. Procedure (Date demonstration was returned \_\_\_\_\_)  
Practice:

- \_\_\_ \_\_\_ 1. Close doors and windows to prevent draft. Check room temperature.
- \_\_\_ \_\_\_ 2. Assemble articles to be used, then wash hands with soap and water.
- \_\_\_ \_\_\_ 3. Cover bedside table, or a chair, with folded newspapers.
- \_\_\_ \_\_\_ 4. Basin of water with temperature a little more than warm to the bare elbow. Toilet articles.
- \_\_\_ \_\_\_ 5. Spread newspapers on the floor near the table and place pail on them.
- \_\_\_ \_\_\_ 6. Place straight chair near foot of bed.
- \_\_\_ \_\_\_ 7. Remove all bed covers except one blanket and the top sheet and hang over the backs of two chairs to air.
- \_\_\_ \_\_\_ 8. Place bath blanket over bed blanket, strip down the blanket and sheet beneath it, fold and hang over a chair.
- \_\_\_ \_\_\_ 9. Keep the patient well covered with the blanket, move him to the near side of the bed.
- \_\_\_ \_\_\_ 10. Remove all pillows but one and place them on the chair to air.
- \_\_\_ \_\_\_ 11. Turn the patient on his side and lay a bath blanket close to the patient's back, in long folds, extending well up over the pillow. Turn the patient over and smooth out the blankets.
- \_\_\_ \_\_\_ 12. Clean the teeth, if this has not been done.
- \_\_\_ \_\_\_ 13. Remove the nightgown or pajamas.
- \_\_\_ \_\_\_ 14. Spread face towel over the chest.
- \_\_\_ \_\_\_ 15. Wet the wash cloth, squeeze out excess water, and fold so that all corners are tucked into the palm of the hand.
- \_\_\_ \_\_\_ 16. Wash the face and pat face dry with a soft towel.
- \_\_\_ \_\_\_ 17. Wash the neck and ears. Rinse soap off and dry.
- \_\_\_ \_\_\_ 18. Wash breasts carefully, rinse, and dry thoroughly.
- \_\_\_ \_\_\_ 19. Spread the bath towel over the chest while washing the abdomen. Rinse, dry, and cover with the blanket.
- \_\_\_ \_\_\_ 20. Wash each of the arms and hands, using firm, long strokes.
- \_\_\_ \_\_\_ 21. Change the bath water.
- \_\_\_ \_\_\_ 22. Turn the patient on one side, protect the bed with bath towel while washing the back and shoulders. Rinse, dry, and cover. Wash the buttocks and rear surface of the thighs. Rinse and dry.
- \_\_\_ \_\_\_ 23. Turn the patient on his back, uncover each leg in turn, wash and dry. Place each foot in basin of water, wash and dry.
- \_\_\_ \_\_\_ 24. Wash the genital area.
- \_\_\_ \_\_\_ 25. Turn the patient on his side and rub back with alcohol.
- \_\_\_ \_\_\_ 26. While the patient is on his side, if lower sheet is to be changed, loosen the sheet and fold it together with the bath blanket, against the back. Place the clean sheet and drawsheet

(continued)

The observer will check (a) before each run the water level in the lake and (b) before each run the water level in the lake.

When the water level in the lake is high, the water level in the lake will be high.

When the water level in the lake is low, the water level in the lake will be low.

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When the water level in the lake is low, the water level in the lake will be low.

When the water level in the lake is high, the water level in the lake will be high.

When the water level in the lake is low, the water level in the lake will be low.

III. Bed Bath (Continued)

as directed in making an occupied bed. Turn the patient back on the clean sheet, remove the soiled sheets and bath blankets.

- \_\_\_ 27. Put on patient's gown or pajamas.
- \_\_\_ 28. Finish making the bed.
- \_\_\_ 29. Place towel under the patient's head and comb the hair.
- \_\_\_ 30. Change the pillow cases and replace the pillows desired.
- \_\_\_ 31. Remove the bath articles and soiled linen and put the room in order.
- \_\_\_ 32. Wash your hands when finished.

C. Rating of the skill

Rate the performance of the nursing skill by checking one of the following characterizations:

- \_\_\_ 1. Done quickly, confidently, and efficiently.
- \_\_\_ 2. Done uncertainly but effectively.
- \_\_\_ 3. Done carelessly and inefficiently.

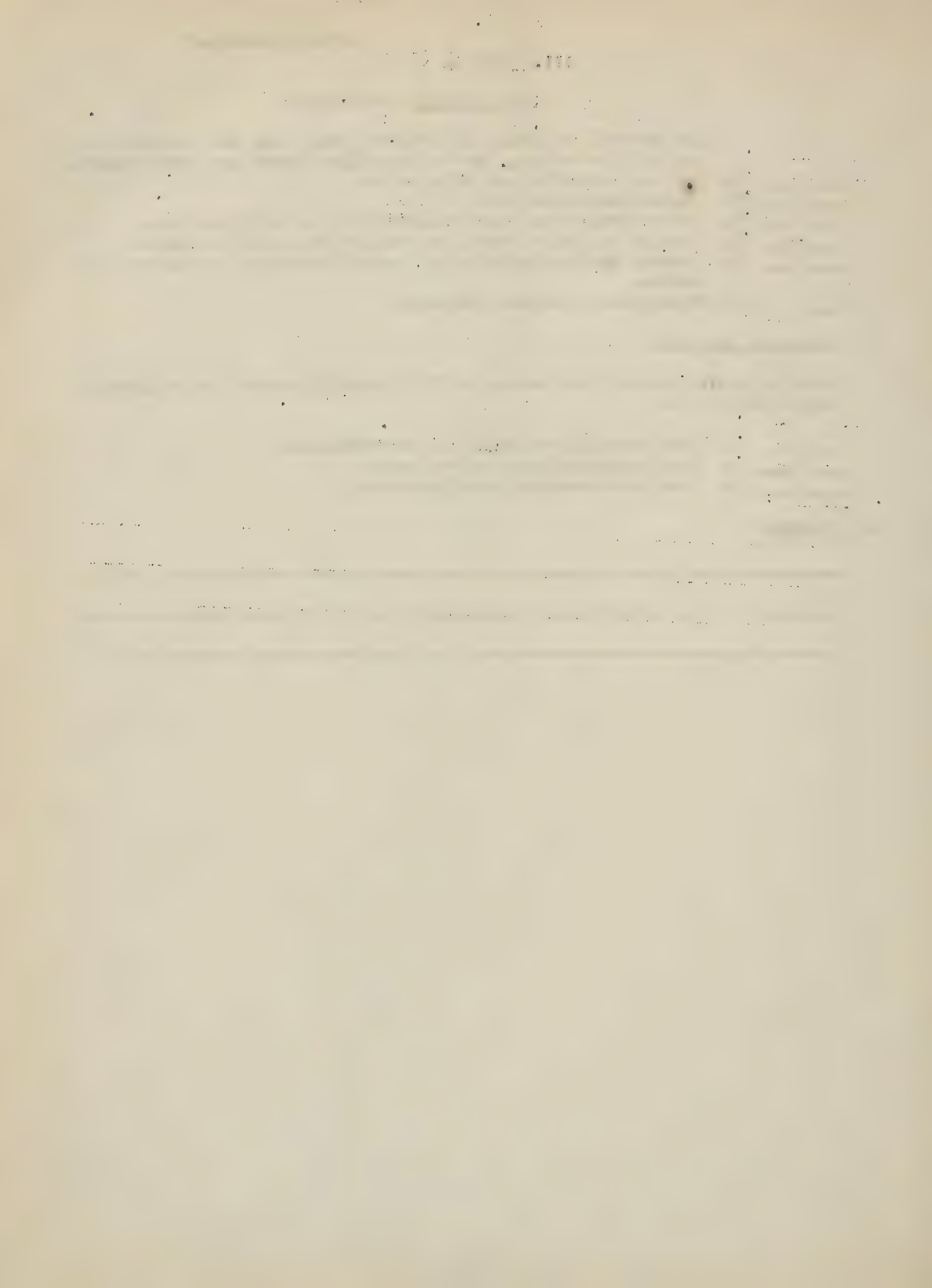
D. Comments:

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## Observation Record of a Nursing Skill

IV. Giving a Bed Pan

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
 (Demonstration given)

Directions: The observer will check (x) before each item the performance of the various steps. Steps omitted will be left unchecked.

A. Materials or Equipment

This observation will assume the necessary materials or equipment for carrying out the procedure.

B. Procedure (Date demonstration was returned \_\_\_\_\_)  
Practice:

- \_\_\_ \_\_\_ 1. Warm bed pan, if necessary, and cover while carrying it to the patient.
- \_\_\_ \_\_\_ 2. Flex knees, and push the gown up without exposing the patient.
- \_\_\_ \_\_\_ 3. Place one hand under the patient's hips ~~at least~~ <sup>at least</sup> in raising them.
- \_\_\_ \_\_\_ 4. Support the back with one hand, slip the pan into place with the other.
- \_\_\_ \_\_\_ 5. Provide toilet paper, basin of warm water and soap for patient's use.
- \_\_\_ \_\_\_ 6. Clean the area as thoroughly as possible with toilet paper.
- \_\_\_ \_\_\_ 7. Slip one hand under the hips, raise the patient carefully, and remove the pan with one hand and lower the patient to the bed with the other.
- \_\_\_ \_\_\_ 8. Cover the pan and remove from the room immediately. Then record on the patient's chart the bowel movement or urination.
- \_\_\_ \_\_\_ 9. Wash the patient's hands and see that his bed underneath him is perfectly dry and smooth.

C. Rating of the Skill

Rate the performance of the nursing skill by checking one of the following characterizations:

- \_\_\_ \_\_\_ 1. Done quickly, confidently, and efficiently.
- \_\_\_ \_\_\_ 2. Done uncertainly but effectively.
- \_\_\_ \_\_\_ 3. Done carelessly and inefficiently.

D. Comments:


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## Observation Record of a Nursing Skill

V. Serving Food to the Patient

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
(Demonstration given)

Directions: The observer will check (x) before each item the performance of the various steps. Steps omitted will be left unchecked.

A. Materials or Equipment.

This observation will assume the necessary materials or equipment for carrying out the procedure.

B. Procedure. (Date demonstration was returned \_\_\_\_\_  
Practice:

- \_\_\_ 1. Wash patient's hands if necessary.
- \_\_\_ 2. Make comfortable by adjusting pillows, backrest, etc.
- \_\_\_ 3. Place patient in cheerful frame of mind.
- \_\_\_ 4. Tidy room and remove all unnecessary articles from stand.
- \_\_\_ 5. Place stand in proper position so as to reduce effort to a minimum, if patient is not assisted.
- \_\_\_ 6. Check identification mark carefully.
- \_\_\_ 7. Observe content of tray before and after eating.

C. Rating of the skill.

Rate the performance of the nursing skill by checking one of the following characterizations:

- \_\_\_ 1. Done quickly, confidently, and efficiently.
- \_\_\_ 2. Done uncertainly but effectively.
- \_\_\_ 3. Done carelessly and inefficiently.

D. Comments:

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State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

HOW STUDENT RECORDS CAN BE USED AS INSTRUCTIONAL AIDS

Some teachers and students have found various kinds of records useful in showing how they have made use of the things learned in the class and in giving a "picture" of their accomplishments. Sometimes these records are written accounts of observations, reports of class discussions, pictures of class activities, or newspaper clippings relating to things they have done.

Good records have definite values as instructional aids for both students and teachers. A good record may:

1. Help the student to appraise her own growth and become conscious of possibilities for the application of experiences in daily living.
2. Indicate to the teacher or agencies assisting possible future emphasis and revisions for the course in procedure, content, or evaluation plan.
3. Suggest to the home, the school, and community agencies concrete evidences of the pupil learning and some values of the course.

Records teachers and students have found useful in giving a picture of class accomplishments include:

1. Student reactions and descriptions relating to class experiences, under such headings as:
  - a. My Experience Log: What did I learn to do? How did I use this? What else would I like to do better?
  - b. Ways I've used things I've learned.
  - c. Things that impressed me most about our visit or observation.
  - d. My reaction to resource persons.
  - e. Things I like best about the course.
  - f. Things I'd like to change about the course.
2. Story form of activities following a learning experience.
3. Class record or minutes as a summary following a class discussion of an experience with a community agency or after a resource person's visit.
4. Individual or class letter to mothers or other interested individuals relating to class experiences.
5. An individual, committee, or class article written for the school paper or for a radio program.
6. A talk or program prepared for school assembly, a community club, or open house that will reveal individual or class application of things learned.
7. A series of pictures portraying class activities which show application of principles learned.

Ways to use these different records as instructional aids have been suggested:

1. Teachers and students select one or a variety of records to use. Records may be modified and new ideas may be developed.
2. These records may be kept by individual students, or class, and summarized from time to time as a class report.
3. A scrap book or notebook (individual or class) may be convenient. These will also prove helpful for review purposes as well as interpreting the course to the other students for another year.





## 4. Best results are achieved when:

- a. The students really understand the value and possibilities of an individual or class record.
- b. The mechanics of the record used is kept simple.
- c. The type and method of using the record is planned with the class.
- d. Some time is planned periodically for the use and discussion of records during a regular class period.
- e. Information obtained from the records is interpreted by students and teachers and used in future planning.

A FEW SAMPLE RECORDS ARE ATTACHED, to illustrate how the suggestions above may be put into practice. For best results, the kind of records to be used should be discussed with the students and the forms developed by the group. The samples given here may give you some ideas.

SAMPLE 1. WAYS IN WHICH THE CONTENT AND EXPERIENCES INCLUDED IN THE COMMUNITY HEALTH SERVICE CLASS HAVE BEEN APPLIED BY GIRLS TO THEIR EVERYDAY LIVING.

1. Ask the girls to write a short report describing briefly the specific things they have done outside of the class activities to apply to what they have learned. Example: Helping to get physical defects, like dental, tonsils, etc. corrected or helping to secure health protection like immunizations for younger brothers or sisters.
2. Ask the girls how they have applied what they have learned; recall what they, other teachers, parents, or agency representatives have told you. Relate this evidence to class content. Record this information on a form similar to the one below.

APPLICATION OF LEARNING - COMMUNITY HEALTH SERVICE COURSE

CLASS CONTENT AND EXPERIENCES	EXAMPLES OF HOW IT WAS APPLIED
<u>Example:</u> Infant care, observing a bath, planning a diet.	<u>Example:</u> Assisting neighbor several weekends in bathing and feeding her infant.



The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

The second part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

The third part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

The fourth part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

The fifth part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

The sixth part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

SAMPLE 2. MY EXPERIENCE LOG: Appraisal of What I've Learned and Need to Learn\*

DATE	WHAT DID I LEARN TO DO?	HOW DID I USE THIS?	WHAT ELSE WOULD I LIKE TO KNOW OR DO BETTER?
2/26/44	1. To care for my hair.	Shampooed my hair this week.	How to get the shampoo out of my hair when using hard water.
2/26/44	2. How to correct the slouch in my posture.	Practiced exercises for better posture every day.	To still improve daily posture. How does your walk affect posture?
	3. Etc.	Etc.	Etc.

SAMPLE 3. MY EXPERIENCE LOG OR WAYS I'VE USED THINGS I'VE LEARNED\*

DATE	HOW-PERSONAL HEALTH	HOW-FAMILY HEALTH	HOW-COMMUNITY HEALTH
2/28/44	1. Improve care of nails.	1. Helping younger sister with posture.	1. Helped with Tuberculosis Clinic
3/2/44	2. Getting one more hour of sleep.	2. Giving baby brother a daily bath.	2. Was hostess at blood bank.
	3. Etc.	Etc.	Etc.

NOTE (\*) These records may be made to cover weekly, bi-monthly, or monthly periods. They are more successful when opportunity is given in the daily class period for a discussion of "What did I learn to do?" "How can I make use of this?"

SAMPLE 4. THINGS THAT IMPRESSED ME MOST ABOUT OUR EXCURSION OR OBSERVATION \*\*

DATE	WHAT WE LEARNED	WHAT WE DID
2/24/44	1. How the doctor's office is organized.	Saw each room of the office.
	2. What the nurse does to help him.	Observed nurse help the doctor in demonstration.
	3. All the equipment he needs to use for a physical examination	Observed, handled some, and used some equipment needed for physical examination.
	4. What is included in a complete physical examination.	Observed Jean be a patient for the doctor to demonstrate a physical examination.

1941

1. The first part of the report deals with the general situation of the country and the progress of the war. It is a very interesting and informative document, which gives a clear picture of the state of affairs at the time. The author has done a great deal of research and has gathered a wealth of material, which he has presented in a clear and concise manner. The report is well written and is a valuable contribution to the history of the war.

2. The second part of the report deals with the military situation. It gives a detailed account of the various campaigns and battles, and discusses the tactics and strategy employed by the different sides. The author has a good knowledge of military history and has been able to present the facts in a clear and logical manner. This part of the report is also very interesting and informative.

3. The third part of the report deals with the economic situation. It discusses the impact of the war on the economy, and the measures taken by the government to deal with the situation. The author has done a great deal of research and has gathered a wealth of material, which he has presented in a clear and concise manner. This part of the report is also very interesting and informative.

4. The fourth part of the report deals with the social situation. It discusses the impact of the war on society, and the measures taken by the government to deal with the situation. The author has done a great deal of research and has gathered a wealth of material, which he has presented in a clear and concise manner. This part of the report is also very interesting and informative.

5. The fifth part of the report deals with the cultural situation. It discusses the impact of the war on culture, and the measures taken by the government to deal with the situation. The author has done a great deal of research and has gathered a wealth of material, which he has presented in a clear and concise manner. This part of the report is also very interesting and informative.



SAMPLE 5. THINGS THAT IMPRESSED ME MOST ABOUT OUR VISITORS AND RESOURCE PEOPLE\*\*

- 
1. Gave us helpful information about problems we were studying.
  2. Seemed to understand our personal problems and helped us work out some possible help.
  3. Planned for some time for us to discuss the problem after facts were given.
  4. Seemed sincere and interesting to hear but not so helpful with the things we are studying now.
  5. Looked the part of her job and seemed to get things done well.
  6. Made us think about our own problems and things we could do for our future work.
  7. Gave us too many scientific facts. We do not remember so much, besides what use can we make of these now?
  8. Made me wish I could learn to do this kind of work right now.
  9. Helped us feel we were needed in our community. Surprised to learn we had so much help so near.
- 

NOTE: (\*\*) These samples are more successful when time is given for discussion and evaluation following an excursion or visit by resource person. These samples may follow essay form also.

SAMPLE 6. THINGS I LIKE BEST ABOUT OUR COMMUNITY HEALTH SERVICE EXPERIENCES\*\*\*

- 
1. We have two teachers working with our class.
  2. It's fun to plan together and then each of us make out her own plan.
  3. Interesting people visit our class and help us with our problems.
  4. We are receiving some help about things we are doing now and also things we will need to do in our future homes.
  5. We are learning how to help others as well as ourselves.
  6. The field trips make this class different and a change from the others.
  7. We are learning about community agencies and not only what they can do for us but also how we can serve them best.
- 

SAMPLE 7. THINGS I'D LIKE TO CHANGE ABOUT OUR COMMUNITY HEALTH EXPERIENCES\*\*\*

- 
1. Wish we could help plan some things.
  2. Could we have more activity with agencies and not such long periods of just talking about some problems?
  3. When will there be some time to really talk about our problems?
  4. If special speakers wouldn't use up all the time, we'd like to ask some questions sometimes.
  5. Would it be possible to do more of our field trips on school time since some of us girls are working?
  6. Do we all have to have the same experiences?
  7. Could some of us have more time at the hospital and less time working with the nursery school?
- 

NOTE: (\*\*\*) These examples may be used periodically, perhaps two or three times during the entire course; they may be written in essay form; or they may be used as the basis for class discussion.





State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

SUGGESTED ACTIVITIES OF COMMUNITY AGENCIES

Agency	Activities	Agency	Activities
Agricultural agent	Literature, club work, . program planning	Hospitals General	laboratories, surgery, nursery, delivery room rooms and wards, administration and organization, diet kitchen.
Business, commercial, or industrial group	Cosmetician, drug manu- facturer, etc.	Special	old people's home- special care of aged
Club groups Service: Rotary Kiwanis Lions Volunteer: PTA Lay Health	Crippled Special projects Vision Summer round up, surveys Education, assist health agency	Contagious	Kimney treatment- isolation-administration
County or city clerk	Birth and death records	Laboratory	Diagnostic-private or public reports.
Child placement Agency	children's homes, individual homes, tempo- rary or permanent placement	Library	References available, needed
Community Center	Recreation, group work	Minister	Social relationships
College Health Service	Diagnosis and treat- ment-pupil health appraisals	Mothercraft classes	Topics, audience
Dentist	X-ray, records, children's dentistry, instruments	Nursery school	Health inspection, play food, correlation with home
Dental Hygienist	Education, prophylaxis	Pharmacist	Self medication VS prescription. U.S.P. VS patent medicines. Pure food and drug law
Health Department	M.D.-vital statistics reports, program plan- ning, communicable dis- eases control. Public Health Nurse- Home visits (ante partum, post partum, in- fant, pre-school, school communicable, tubercu- losis, orthopedic) clinics and conferences, office management, group work, nursing as a profess- ion. Sanitarian-milk, water, <sup>4</sup> meat supply and food handling establishments group work, housing, resorts, schools, deep freeze, camps.	Probate judge	Crippled Children's Act Afflicted Child's Act Commitments to state institutions, neglected and dependent children
Home Demonstration Agent	group work, program planning, organization	Private Physician	Explain-superficial VS complete health examina- tion, diagnostic aids. Demonstrate tests, urinalysis, hemoglobin, blood Kahn, etc.
Industrial Health Physician, nurse)	prevention of injuries, health examinations, follow up.	Psychiatrist	(MD) behavior problems diagnosis and treatment of mental and emotional problems
		Psychologist	Mental tests
		Red Cross	Equipment for teaching home nursing classes, blood bank
		Physical Therapist	Hydrotherapy, passive and active exercises, massage





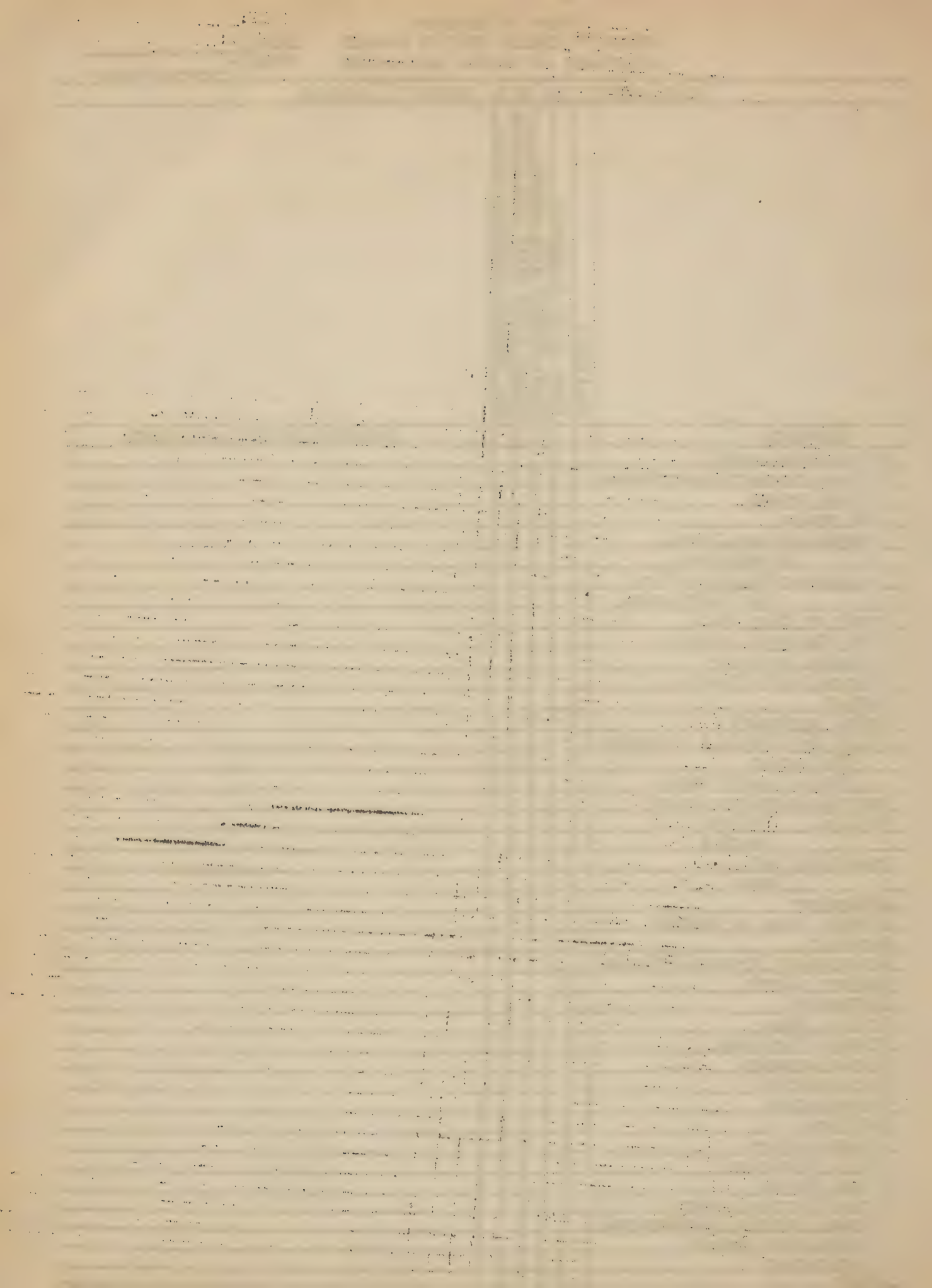
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COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

DATE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_

CLASS ACTIVITIES WITH COMMUNITY AGENCIES

RESOURCE	Available	Class visit to agency	Guest speaker from agency	Student field visit with worker	No. students assisting agency	DESCRIBE STUDENT ASSISTANCE
Agricultural agent						
Business, commercial, or indus-						
trial groups						
Club groups						
service: Rotary, Lions,						
Kiwanis, etc.						
volunteer: PTA, Nutrition,						
Lay Health, etc.						
County or City clerk						
Child Placement Agency						
Community Center						
College Health Service						
Dentist						
Dental hygienist						
Health Dept. Medical Director						
Sanitarian						
Public Health Nurse						
Home Demonstration agent						
Hospital General						
Special						
Industrial M.D.						
Nurse						
Laboratory						
Library (city or county)						
Minister						
Mothercraft (Prenatal) classes						
Nursery school						
Pharmacist						
Probate judge						
Private Physician						
Physiotherapist						
Phy chiatrist						
Psychologist						
Red Cross						
Rehabilitation						
School Physician						
School Nurse						
Social Service agency						
Special Schools (handicapped)						
Tuberculosis Society						
Veterinarian						
Other						





State of Michigan  
COMMUNITY HEALTH SERVICE PROJECT  
Department of Public Instruction

Date: \_\_\_\_\_

School: \_\_\_\_\_

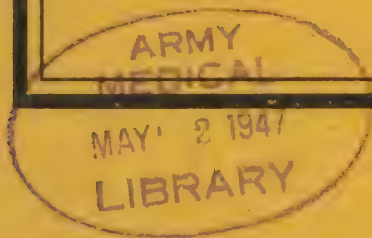
CLASS ACTIVITIES IN HOME AND SCHOOL

Activity	No. of Students Participating	What the students did
<u>SCHOOL:</u>		
School Sanitation		
Lunch Program		
Recreation and Play		
First Aid		
Vision Tests		
Hearing Tests		
Height - weight		
Health Education		
Extended Day Care		
Clinics		
Kindergarten		
Library		
Publicity		
Safety		
School Absences		
<u>HOME:</u>		What the students did
Child Care		
Care of Sick		
Bed making		
Dishwashing		
Personal Health		
Control insects, rodents		
Safety		
Light, ventilation, heat		



# *Community Health Service Project*

SUGGESTED OUTLINE



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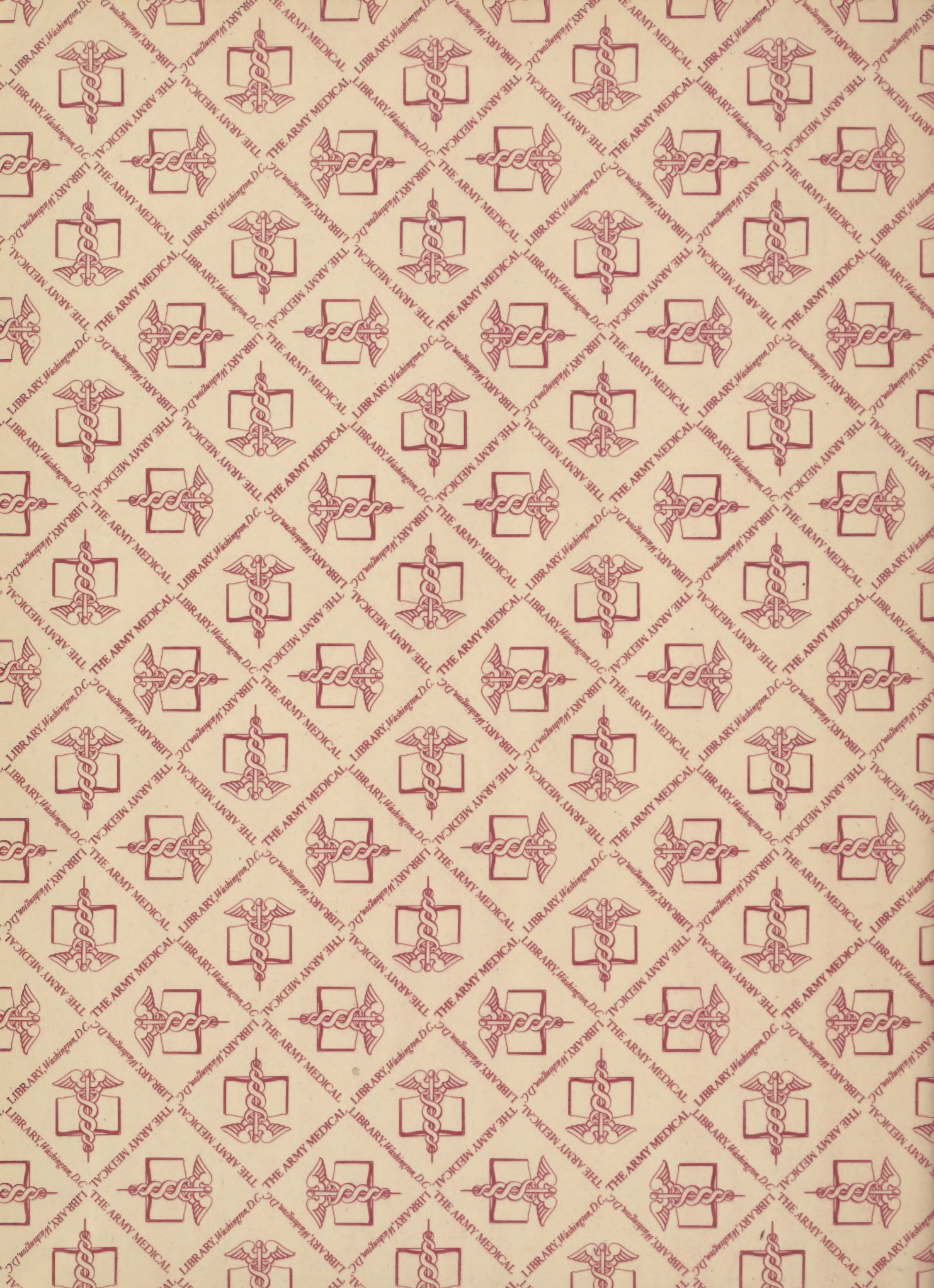
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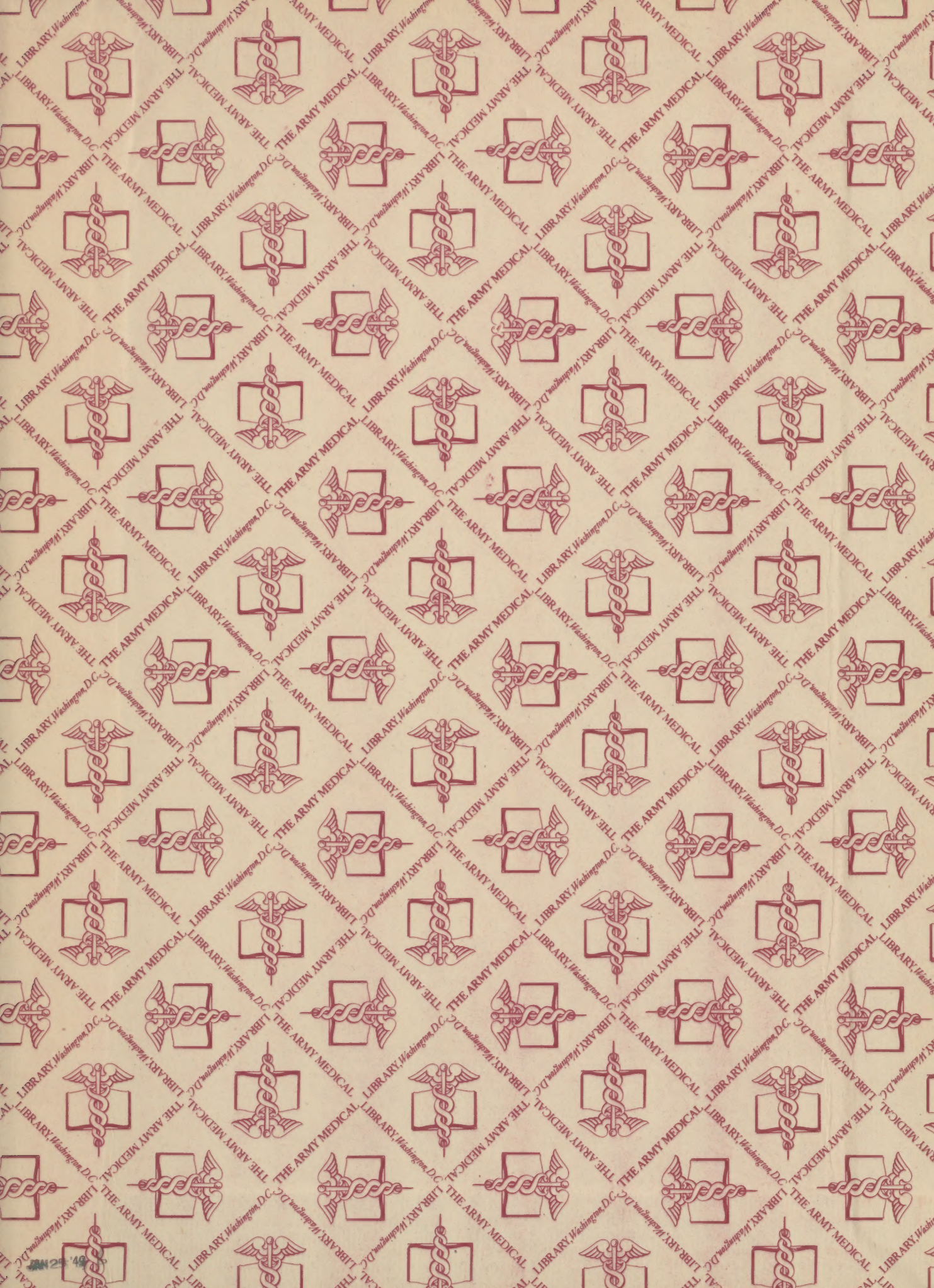














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